TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with contificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3585 CERTIFICATE OF DEATH

03529

			77
Reg.	Dist.	No	hand

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	_ /
	COUNTY Anna Arunde MARYLAND	STATE Poryland county Anne	Aprendol
V	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give neare	est town)
	OR end give neerest town) [in this place) TOWN / / / / / / / / / / / / / / / / / / /	TOWN plate I am this Time	×
	HOSPITAL OR	STREET (If rural give location).	
-14	INSTITUTION OR	ADDRESS	
и	STREET ADDRESS 2 1010445emy Tout	71011012641 11000	
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Day) (Year)
	(Type or Print) AMM Delores A	MICH DEATH IL	9 1956
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF		
	Female White Specify Mar Med July	2,1907 43 yrs. Months	Days Hours Min.
	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even If OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
1	ratired) Housewerk Own Home	Baltimore Hervand	4-5-A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John C. Et30/	Anna L-Berger	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	2-101 VUHS ery
1)	(Yes, ng. or unk.) (W Yes, give wer or detes of service)	Mr. Parane I Ist Americk	N.1 H.
-	18. MEDICAL CER	TIFICATION	INTERVAL BETWEEN
	E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATH
	IMMEDIATE CAUSE (A) CIPLLIFAL H	empsilose.	9 hrs
	The same of the sa		
	HIMPETON &	ive Cardio Vascular Dis	
	GIVING RISE TO THE ABOVE CAUSE		
	STATING UNDERLYING CAUSE LAST. DUE TO		
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0	THE PRICE OF OTERATION		YES NO
-	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 2	Ic. WHERE DID INJURY OCCUR? (City or town) (County	y) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		RIF. HOW DID INJURY OCCUR?	
	M. et work et work		
,	22. I hereby certify that I attended the deceased from May	19 13 to APT: (9 1956 that 1.1	ast saw the deceased
1			
~	alive on 14-9, 19-5.6, and that death occurred at	ADDRESS (Street, city, lown, stele)/	DATE SIGNED
10 M	aller o made alexale	Olla Bull the Mil	THE BIGNED
10	Charles or, amalbaneaux M.D.	selle purne, 1100	19-56
Ü	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (CREMATORY LOCATION (2614, fown, or county)	(Steta)
A15C 1-55	Burgal April 12/56 Glen Hove	Glen Burnie	1 Ad.
75,	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	DDRESS
	ADD 111000 A 17 21 00 %	TOVV. 11 160	· mld
	DATE TO The Coldwell Nordinks	1 lesses felon (T/En/)4	mir, 1911-

MARIE Jee JAME DEPARTMENT OF STANTWEIGHT WAS TRANS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DECENA EU

1. PLACE OF DEATH		2. USUAL RESIDENCE	CE (HOME) OF DECEA	ASED
county 17 17	MARYLAND	STATE Md	COUNTY 17	A
OR and give naerest town) TOWN	(in this place)	OR	te limits, write RURAL and giv	
HOSPITAL OR	1 /0 1 1001 14.	STREET	LBEACH, A	
INSTITUTION OR STREET ADDRESS		ADDRESS		
3. NAME OF (First) DECEASED (Type or Print)	(Middle) BELL BI	(Last) 9 H R	4. DATE (Month) OF DEATH POV	(Day)
5. SEX 6. COLOR OR 7. SINGLE, WIDOWE	MARRIED, 8. DATE		AGE last birthday IF U	INDER 1 YEAR IF UN
Female White (Spacify)	Married WASA	11. BIRTHPLACE (State or foreign	3 / yrs.	
dona during most of working life, avan if	OR INDUSTRY	TANIT 19	n country;	12. CITIZEN OF
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
LEWIS HENry H	ardison	JANIE F	ODREY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, give wer or delas of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & AD		2 / .
	18. MEDICAL CE		AHR Deals	Bashelya
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO D		ATTICATION TO	1	ONSET AN
420./ IMMEDIATE CAUSE (A)	(10) prom	, actua	Chris.	envin
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B)	ossible !	emboli	1.00000	.53
STATING UNDERLYING CAUSE LAST. DUE TO	10	1 110	1	
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 to and	10.18-1	6	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	1 hachure	of leg any	sle	1m
198. DATE OF OPERATION 196. MAJOR FINE	IDINGS OF OPERATION			YES T
21a. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING CAUSE OF DEATH OF INJURY	E (Home, farm, factory, straat, office bldg., atc.)	21c. WHERE DID INJURY OCCUR	(City or town)	(County) (
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		216. HOW DID INJURY OCCUR	?	
М.	While Not while at work		6	
22. I hereby certify that I attended the				nat I last saw the
alive on 19	., and that death occurred		suses and on the date	stated above.
Hot lan	will M.D.	Alexander of	1. 1. 1111	ander 4
	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town, or,	
23. BURIAL, CREMATION, DATE THEREOF				- / //
REMOVAL (SPECIFY) REMOVAL (SPECIFY) 4/1/56	Kniele Fun	and Home	Hyettisuly	uch
REMOVAL (SPECIFY) REMOVAL (SPECIFY) 4/1/56	Kazele Fire	25. FUNERAL DIRECTOR'S S		ADDRESS

N. A.

MARTING TRATE ORNART DE DEALTH-CALTIMORE, IS

SEST CERTIFICATE OF DEATH

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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3201 S YAM

. St. - December 1981.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after deat

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3588

CERTIFICATE OF DEATH

()353328 Reg. Dist. No. 62

1. PLACE OF DEATH	Arundel		MAR	rland 2	O. STATE MALY	(Where decease	d lived. If institut b. COUNT	Caro	before o	idmission)
b. CITY OR TOWN (I	f outside corporate limi	its, write c. L	ENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corpo	prote limits, write	RURAL ond g	ive neares	I town)
	wnsville	10y	rs.llmos	.llda	ys Dento	on			05	K-2 V
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, s	jive street addre	55)		d. STREET ADDRES	5			e. t	S RESIDENCE
	msville St	ate Hos	pital		405 H	ligh Str	roct			ON A FARM?
3. NAME OF DECEASED	Fir		Middle	,	Lost	4. DATE OF	Mo		Doy	Year
(Type or print)	Wal	lace			Baynar		4		19	1956
5. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRI		Not given	9, 190	3. AGE (In years lost birthdoy)	Months Months		UNDER 24 HRS. ours Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b, KIND	OF BUSINESS C	OR INDUSTR	Y 11. BIRTHPLACE (S	tole or foreign c	ountry)	12. CITI	ZEN OF V	VHAT COUNTRY
Labore	und me' each it telled		Unknown		Mary			ī	J. S.	A
13. FATHER'S NAME	V 2		OLD CITY OF THE		14. MOTHER'S MAIDE				7 6 1/1 6	
Will 1	Baynard				Not g					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		AL SECURITY NO). 17. INFO	RMANT		Add	iress		
Unk.			Unk.		Hospi	ital Rec	ords			
	TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO	Secon	(o), (b), and (c).						ONSEL	AL BETWEEN AND DEATH WECKS
Conditions, if a gove rise to it couse (o), stating lying couse lost.	the <u>under</u>)			alignancy					etermine
CATI	IER SIGNIFICANT CON	DITIONS CONTI	RIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GI	VEN IN PART	P	VAS AUTOPSY ERFORMED? S NO
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY O	CCURRED. {	Enter noture of injury	in Part I or Par	I II of item 18.)			
20c, TIME OF INJUR Hour a. p. m.	Y Month, Day, Yes		Not while	20e, PLACE foctor	OF INJURY (Home, f y, street, office bidg.,	farm, 20f. (City etc.)	or town)	{C	ounty)	(Stote)
21. I certify th	at I attended the			1/ death or	, 19.48 , to	4/19				the deceased
ACTUAL SIGNATURE	Jenuly	14		M.E		Address (si	ville,	slate)	i	DATE SIGNED 4/19/56
PHYSICIAN'S NAME (Type)	Ludwig Bene	dict								
220. BURIAL, CREMATIO	N, 226. DATE THEREC)F 22c.	NAME OF CEM	ETERY OR C	REMATORY	22d. LOCAT	ION (City, town,	or county)		(Stote)
REMOVAL (Specify)	4/24/5	6 5	Spring G	rove	Cemetery		Denton			Md.
23. FUNERAL DIRECTOR	SSIGNATURE	1 1	ADDRESS	À	24a. R	ECO BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATURE	
16 11 1.	1666	7.46	NA	1270	DATE PATE	14/26/50	6 Thomas	04	-	9

REPORTE STATES OF DRANTH Security and any SXIIII I the parties of the contract of the state of the property of the party of th 3201 OS A9A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3561 CERTIFICATE OF DEATH

03534

1. PLACE O	OF DEATH			2. USUAL RESID	ENCE (HOME) OF	DECEASE	D	
COUNTY	Anne Arundel	MARYI	4.8173	STATE Mary	land cour	Anne	A 200 2 2 2	اما
	utside corporate limits, write RURAL				poraje limits, write RURAL			
OR and	give neerest town)	(in this p	ptace)	OR		-		
HOSPITAL C	Annapolis		days	STREET Haro.	ld Harbor	give location)		
INSTITUTION	OR			ADDRESS	(it fules	give socarion,		
STREET ADD	writte ar mide	l General Hos	spital_		nsville			
3. NAME OF DECEASI		(Middle)		(Lest)	4. DATE (M	onth)	(Dey)	(Year)
Type or Prin		E	BEAZL	EY SR	DEATH	APRIL.	11	19 56
5. SEX		NGLE, MARRIED,	B. DATE OF	BIRTH	9. AGE fest birthday		R 1 YEAR	IF UNDER 24 H
Male	White (S	ridowed, divorced, pecify Married	Dec 1	5, 1875	80 yr	Months	Days	Hours Mi
	CUPATION (Give kind of work	105. KIND OF BUSINES		BIRTHPLACE (State or fo		!	2. CITIZEI	N OF WHAT
done during	most of working life, even if	OR INDUSTRY	1	(3 7) 7 77 9			COUN	
3. FATHER'S N	etired Engineer	State Hospi	reat	Saluda, Vir	ginia		ŲŞ	A
	eorge P. Beazle			India	M Broocke			
 WAS DECEA (Yes, no, or unk.) 	ASED EVER IN U. S. ARMED FORCE		CURITY NO.	17. INFORMANT 8	ADDRESS		3.	ame as
no	none	219-10-7	7091-1	Mrs Barry	M. Meiser-I	aughte	97- :	# 2
* DISEASS OR	CONDITIONS DIRECTLY LEADING		DICAL CER				INTE	RVAL BETWEEN ET AND DEATH
I DISEASES ON	CONDITIONS DIRECTLY LEADING	1 Parl	/14	. 0-02.	126	~	0113	7
420.11	MMEDIATE CAUSE (A)	<u></u>	Mirror	y year	in our	1	_	+ Chang
	TECEDENT CAUSE(S) DUE TO	· Chi	71 224	1 Harm	1 / 7ml		12	11120
DISEASES OR C	ONDITIONS, IF ANY, (B) THE ABOVE CAUSE	11 "	61	- 1 - 600	100			00 4-1
STATING UNDER	RLYING CAUSE LAST, DUE TO	Hyperten	1 0 7	when lies	cula de	sen	1	ym.
I OTHER SIGNIF	CANT CONDITIONS CONTRIBUTI	NG A		7,700 - 70 -		7 545		10:
	H BUT NOT RELATED TO THE	- (1)						
19a, DATE OF O		OR FINDINGS OF OPERATIO)N				20	AUTOPSY?
							YES	
OR CONTRIBUTING	WAS UNDERLYING 21b. G CAUSE OF DEATH OF IN Y MEDICAL EXAMINER)	PLACE (Home, ferm, fector JURY street, office bidg., etc.	ry, 21 c.)	ic, WHERE DID INJURY OCC	CUR? (City or town)	(Cou	nty)	(State)
21d, TIME OF IN	JURY (Month) (Dey) [Year]	(Hour) 21e, INJURY OCC		If. HOW DID INJURY OCC	CUR?			
		M. et work et	work					
22 Uharah	y certify that I attended	the deceased from	tan	10 47 3 10 4	L-1/- 10 F	Cthat I	last say	v the deces
1	11 18 1 /	, and that death	/ 1	1 4 7 -7 /	7 1	1 -		
alive on.	URE 7	,, and mar deam	occurred al.,	AD AD	DRESS (Street, city, to	wn, statel		ATE SIGNI
>t. we	IN NUTT	1	M.S.	17/70	and fil	1./		1/11/
23. BURIAL, CRI	EMATION DATE THERE	OF NAME OF	M.D. CEMETERY OR (REMATORY	LOCATION (City,)	wn, or count	y) 7	(Stete)
/ Buris		Bald	win Mem	rial Cemet.	L/Millersy	117a.	Mary	land
24. REC'D BY RI		SIGNATUR	A	25. PUNERAL DIRECTOR	SOIGNATURE	2 1	ADDRESS	
DATE 4-12	2-56	The second	· · · ·	HOPPING AND	KXLKLEY /	GLEN	BURN	The MD.

j A Comment

A Property

within 24 hours after dea

executed

PHYSICIAN: The low requires that the death certificate be

1. PLACE OF DEATH o. COUNTY

Anne A

b. CITY OR TOWN (If outs RURAL and give nearest

d. NAME OF HOSPITAL (IF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03535													
35	189	CERTIF	IC/	ATE OF D	PEATH	1		Res	g. Dis			>	
rundel		MARYLA	ND	- CTATE	dence (wh daryla		d lived. If institu b. COUNT	-		e before		on)	=
ide corporate limit town) VIII @	ls, write	c. LENGTH OF STAY IN	1b	11 _	reens		rote limits, write	RURAL	and g	ive near	rest town)	_
not in hospital, g ville Sta				d. STREET A		liste	d			e, IS RESIDENCE ON A FARM? YES NO			1
Thoma		Middle		Boyo		4. DATE OF DEATH	M.	onth -		Day		rear 9 56	=
7	7. MARR	DIVORCED	_	8. DATE OF BIRTI		2	9 AGE (In year last birthday) 43 yr	Mor		YEAR Days	Hours	R 24 HRS. Min.	_
ive kind of work of fe, even if refired)	iona 10b.	KIND OF BUSINESS OR	NDU!		ace (Stole o		ountry)	1:		U.		COUNTRY	ē
ce				14. MOTHER'S Marga	MAIDEN N		on						_
J. S. ARMED FORG give wor or dores of se Unik e		SOCIAL SECURITY NO. Unk.		NFORMANT Tostital	Recor	ds and		dress Hel	en	Boy	ca		-
Enter only one cor AS CAUSED BY: EDIATE CAUSE (o)		ne for (o). (b). ond (d.)	ia							ONSE	RVAL BET T AND Lays		=
DUE TO	Cer	ebral Atrop	hy							Unl	crow	n – n	10.
diote DUE TO	Tra	umatic Epil	eps	By						of	yea	rs n	
GNIFICANT CON	OITIONS C	ONTRIBUTING TO DEATH	t BUT	NOT RELATED TO	THE TERMIN	NAL DISEASI	E CONDITION G	IVEN IN	PART	1(0) 19	, WAS A	UTOPSY RMED?	-

OR INSTITUTION CTOWNS NAME OF DECEASED (Type or print) S SEX 6. C Male 10a. USUAL OCCUPATION (G during most of working li Labor 13. FATHER'S NAME Frank Boy 15. WAS DECEASED EVER IN 1 Unk. 18. CAUSE OF DEATH PART I. DEATH W MMI Conditions, if any, w gove rise to immed cause (a), stating the o lying cause last. CERTIFICATION PART H. OTHER SI YES NO 🔼 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. s. While Not while at work at work 21. I certify that I attended the deceased fram. .that I last saw the deceased 3:302 M, from the causes and an the date stated above. that death accurred at alive on ADDRESS (Street, city or town, stote) DATE SIGNED Crownsville, Md. ACTUAL SIGNATUR Hildegard Heard Reissmann NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BUTIAL 4/7/56 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) Cokers Greensboro Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR VS A15 (4) 15M 9/SS

SECEIVED 1956

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

's 'A' i IMOM

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

A AVAILA

PECEIVED 1956

03538

e IS RESIDENCE ON A FARM?

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

YES NO NO

Yeor

1956

Reg. Dist. No.

Months

_	Labour		Unnapole	is, Maryland	U.S.a.
-	FATHER'S NAME LEONGE H. Brown	~	Dalay	E Lane	
Ym	WAS DECEASED EVER IN U S ARMED FORCES? 1	6 SOCIAL SECURITY NO 17. I	NEDEMANT SAME	Address Address	lis md
_	18. CAUSE OF DEATH [Enter only one cause per	line (ps (o), (b), and (c).]	,		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY !MMEDIATE CAUSE (o)	freund	ma	<i>y</i>	ONSET AND DEATH
	14.8X DUE TO	2		,	
	Conditions, if any, which) (bl	Care	rong 1	Tangux.	
	gove rise to immediate DUE TO				
	lying couse last. (c)				
	PART II. OTHER SIGNIFICANT CONDITION:	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN IN PA	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 12
	20d. ACCIDENT WAS UNDERLYING () OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Part	I or Port II of item 18.)	
	Hour o.m. Whi	4-	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State
	21. I certify that I attended the decea	ased fram 11-8-7	6, 19 10 4,-	- 4-56, 19 ,that	I last saw the decease
	alive an 4-1-1-19	, and that death	0 1 3	A, fram the causes and an	
	ACTUAL SIGNATURE 4 T. CE	eloy		ORESS (Street, city or town, state)	DATE SIGN
	PHYSICIAN'S A.T. A	CLEN	69 CA	ATHEOXAL	ST
20	BURIAN CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY 220	Ennapolis	(Stote)
3.	FUNERAL DIRECTOR'S SIGNATURE William Reese, I	ADDRESS	lis, Md DATE: 4.3	Y REGISTRAR \$246, REGISTRAR'S	SIGNATURE A
		7	1	1	7

VS A1S (4) 15M 9/55

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PHYSICIAN: The

O HOSPITAL

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physician

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. &

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat

VS ATS (4) 15M 9/\$\$

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3554

CERTIFICATE OF DEATH

03540

Reg. Dist. No. 2

'Andread	PLACE OF DEATH G. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
)	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURA) and give nearest town)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
	Unnapales	(Innavalio
	d NAME OF HOSPITALUIT not in hospital give street address) OR INSTITUTION A. Jeneral Harel	STREET ADDRESS ON A FARM? YES IN NO PR
	3 NAME OF DECEASED (Type or print) To LAND /	ROWN DEATH CREEK 26 1936
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8 DATE OF BIRTH See 14, 1869 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. When the second in the sec
ς.	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBUTION OF WORKING life, even of patients)	Ornapolis Med 12 CITIZEN OF WHAT COUNTRY?
	13 FATHER'S NAME T. Treesies Brassen	14 MOTHER'S MAIDEN NAME 18 3 Therenes Burners
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. H	NFORMANT Address Address (2)
	18. CAUSE OF DEATM [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which)	tasling Hemurchay 3 class.
	gove rise to immediate costs (a), stating the under-lying cause last.	y and the same
	3 Orlerios arobe dea	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P
	OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
	20c TIME OF INJURY Month, Day, Year Hour o. m., P. m. 19 While at work at work	ACE OF INJURY (Home, farm, 20f (City or town) (County) (State)
	alive on Rocal Land that death	occurred at 50 P.M. Nam the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED
	PHYSICIAN'S NAME (Typo) Editord S. Book M. D.	M.D. 41 Southgate Ave, Annapolis Md.
	220. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL ISSUE IN PARTIE 29,195 (2014)	RCREMATORY 22d LOCATION (City, town, or county), (State)
	23 FUNERAL DIRECTOR'S SIGNATURE . ADDRESS York HI Taylor Son Changes	Could Page 4-30-1456

DECEIVED 1

BUREAU V. S.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	()35,41
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		3592 CERTIFICATE OF DEATH Reg. Di	st. No
	ully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEAS	ED
	cmmfully.	COUNTY Ann Arundal MARYLAND STATE / 17 AT DC COUNTY ATT	4 Hathard pale
14		CITY (If outside corporate limits, write RURAL OR and give nearest town) (ICVA) (in this place) TOWN AR 1-2 TOWN AR 1-2 TOWN TOWN	and give nearest town)
	information clemrly and	HOSPITAL OR INSTITUTION OR Children's Center ADDRESS HAWY AND PURE DE LO ALLO ADDRESS HAWY AND ADDRESS HAWY	Washington
	of info	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) DECEASED: OF Aircraft	(Day) (Year)
I	를 를	(Type or Print) CC. SUNGLE, MARRIED, B. DATE OF BIRTH: 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF BIRTH: 9. AGE last birthday if under Months! Months! Months!	
	, .	Male White (Specity) Single 23 yrs. 11	Days Hours Min.
D'A	caumes	work done during most of working life, even if retired): Mone Work on e	COUNTRY
BINDING	Supply te the c	13. FATHER'S NAME: Preston Butler Mary Gilvoy	
FOR B	INK. Suse write	15 WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no. or unk.) (If Yes, give war or dates of service) No 11 Y	
		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
Œ	ING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
ER	UNFADING	IMMEDIATE CAUSE (A) Zympho surcome	6 to 12 mg.
SS	cian	ANTECEDENT CAUSE (8)	
MARGIN RESERVED	. 67	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	
3G]	—	STATING UNDERLYING CAUSE LAST (C)	
MAI	3.0	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH MANAGEMENT MANAGEMEN	6 mp
	AINLY import	19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
	. F	Orone	YES NO
	WRITE PI especially	21a ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	inty) (State)
	P- 10	21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
	0	22. I hereby certify that I attended the deceased from august, 1966, to 270 pul, 1966, that I la	st saw the deceased
50 10	TYPE rect ag	alive on 27 april , 19 16 , and that death occurred at 2 PM, from the causes and on the date	
9		Incursio M. Mashola M. of Chilcheyo Center Lawn	19nd. 28 apr156
A15 —	EASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, BEMOVAL (SPECIFY)	
& ⊗	PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 7	ADDRESS And
>		4-28-56 Klong Juasup Jun 1000 1000	Suice 1194

JECETA 1956
NAY 7 1956

15M 9/55

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DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

3593

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Reg. Dist	. No27
E) OF DECEASED	
county Luca	
te RURAL and give need	
(Il rurel give location)	
load	V
TIE (Month)	(Day) (Yeer)
ALKOAN HTA	8 19 56
irthdey IF UNDER	1 YEAR IF UNDER 24 HRS. Deys Hours Min.
yes.	18 E 500
12.	COUNTRY?
	USA
ards	
	To Charles
	Id Christy,
Balto., M	
	INTERVAL BETWEEN ONSET AND DEATH
	8 hrs 50 min
	20. AUTOPSY Z
wn) (Coun	
, , ,	

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
county Anne Arundel MARYLAND	STATE Ohio COUNTY INCAS					
OR and give neerest lown Town Fort GG Meade, Md LENGTH OF STAY (in this plece)	CITY (N autside corporate limits, write RURAL end give nearest town) OR TOWN Toledo					
HOSPITAL OR INSTITUTION OR STREET ADDRESS TREET ADDRESS	STREET (Il rurel give locetion) ADDRESS 845 Rochelle Road					
3. NAME OF (First) BRIAN (Middla) KEITH	CHRISTY OF DEATH APPLE 8 19 56					
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	Months Days Hours Min.					
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if rathred) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country) Mary Land 12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME Harold Woodrow Christy HAROLD	14. MOTHER'S MAIDEN NAME Margaret Edwards					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, of link.) (II Yes, give wer or dains of service) none	17. INFORMANT & ADDRESS Father: Harold Christy, 8029 Midhave Rd, Balto., Md.					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH, 18. MEDICAL CER	Atelectasis Interval Servicen Onset and Death 8 hrs 50 mi					
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Prematurity					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY 2 YES NO A					
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., aic.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)					
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While No! while at work 1	211, HOW DID INJURY OCCUR?					
alive on	1955, to 8./2017 1956 that I last saw the deceased					
HERBERT, L. NEEDLEARN, CAPT, MC. HERBERT, L. NEEDLEARN, CAPT, MC. 23. BURIAL, CREMATION, LOATE THEREOR I NAME OF CEMETERY OR	Fort George G. Meade, Md. 8 April /1936					
Burial Baltimore N	ational Baltimere Maryland					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE. 10 Apr 56 I. L. SAYLOP, 1/Lt MSC	25. FUNERAL DIRECTOR'S SIGNATURE BALTO, MD ADDRESS					

A .V UANTE

03544

		250	A	CERTI	FICA	ATE C	F DEAT	H		Rea. Dis	t. No.	,	2-8	
1.	PLACE OF DEATH O. COUNTY Anne	Arundel	1	MARY	LAND	2 USUA a. STA	RESIDENCE (MATE)		ed lived If insti b. COUN		e before	odmiss	ian)	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Crownsville			c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If autide corporate limits, Baltimore City				write RURAL and give nearest town)					
		TTAL (if not in hospital, its state)				d. ST	REET ADDRESS	odvea	•		е		PARM?	
3.	NAME OF DECEASED (Type or print)	Robert		Middle		Cla	lost	4. DATE OF DEATH	٨	Manth	Day		Year 19 56	
5.	Male	6. COLOR OR RACE	7. MARI			03/08	F BIRTH		9. AGE (In you	IF UNDER	1 YEAR I			
100	USUAL OCCUPAT during most of wo laborer	ION (Give kind of work irking life, even if relised) _	KIND OF BUSINESS O		Trees.	RTHPLACE (Stoll	e or foreign	country)	12 CITI		WHAT	COUNTRY	
13.	FATHER'S NAME						HER'S MAIDEN	NAME			-	•		
	William	Clark					Marth	a Gros	19					
	WAS DECEASED EV	FR IN U. S. ARMED FOI		SOCIAL SECURITY NO	. 17 HA	IFORMAN	T			ddress				
L	no				Lu	la Ma	e Clark	147	fe-					
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to: Respiratory Insufficiency								INTERVAL BETWEEN ONSET AND DEATH					
CERTIFICATION	DUE TO										Undet.			
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. (c) Massive Pulmonary Tu						uberculosis					Undet.		
	PART II. Q	THER SIGNIFICANT CON	/	CONTRIBUTING TO DEA	TH BUT I	NOT RELAT	ED TO THE TERM	AINAL DISEA	SE CONDITION (GIVEN IN PART		PERFO	AUTOPSY RMED?	
MEDICAL		P. m. 19 While Not white todary, street, office bldg, etc.}							ounly)		(Stole)			
	21. I certify that I attended the deceased from 06/20/49 , 19 , to 4/28/56 , 19 , that I last saw the deceased alive on 4/27/56 , 19 , and that death occurred at 1:159 M, from the causes and on the date stated above. ADDRESS (Street, city or tawn, state) DATE SIGNED M.D. M.D.													
	NAME (Type) L		itt_											
	BEMOVAL (Specif	0/3	156	mt. Au	fur fur	CREMATO	um.	Wes	TION (City, fow)	Da	ets	(Stote	md	
7	Letropol	etan Trim	eelf	ADDRESS 1/3	ro n	· Hel	NA 240 PREC	D BY REGIS	TRAR 246. RE	GISTRAR'S SIG	MATURE	Joze	esca.	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03545

3595 CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED							
	COUNTY (1) ne ((RUhde) MARYLAND	STATE MARRIAGE GOUNTY ANG GRUNDES							
y	CITY (If dutside corporate limits write RURA) OR end pure necesti rown) TOWN (In this place)	CITY (If outside corporets limits, write RURAL and give nearest town) OR TOWN							
	HOSPITAL OR	STREET STREET STREET STREET							
	INSTITUTION OR STREET ADDRESS 112 Stevens Rd.	ADDRESS //) XIEUPHSRU							
	3. (first) (Middle)	(Last) 4. DATE (Month) (Day) (Yeer)							
	(Type or Print) // // & Q // (Type or Print) // // & Q // (Type or Print) // // & ARRIVED, 18. DATE OF	F BIRTH SAGE fest birthdey / 1 IF UNDER 1 YEAR 1 IF UNDER 24 HRS.							
	FENDALIZAPALITE (Specify) LODGE & OCH	130,1880 6 9 yrs. Months Deys Hours Mir.							
ļ	10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if relired)	14 BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	pocopopopocoxopopopopopo	PARGERETLEE MODOLOGIC Cageby							
	15. WAS DECEASED OVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (1 Yes, give war or datas of service)	V. NFORMANT & ADDRESS							
	NO - TIME	MARGURET MALANIOSCHYRABUM							
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH							
	* 11 IMMEDIATE CAUSE (A) SECTOPORT ORGET ORGET BITCHE								
	ANTECEDENT CAUSE(S) DUE TO A DO DIE TO SECONDE								
	DISEASES OR CONDITIONS, IF ANY, (B) V + 4 R 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ild Leukemin 9 mas							
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	10405							
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO							
	21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)							
	21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While M. at work 3 work	21f. HOW DID INJURY OCCUR?							
	22. I hereby certify that I attended the deceased from 19/1 19/10 1/1/1/19/19 that I last saw the deceased								
	alive on 122, 194 and that death occurred at	$U = \{2, \dots, \ell\}$							
5 10M	Sul Tuchard - M.D. 7	ADDR Sweet, sity, town, state) DATÉ BIGNED 122/16							
5	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (Stota)							
A15	Burial 4/25/56 Glen Haver								
25	DATE REC'D BY REGISTRAR'S SEGNATURE	25. FUNERAL DIRECTOR'S GIGNATURE 1 1 ADDRESS BOOK 17.							
ŀ		Villa							

BUREAU V. S.

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VS A15 (4) 15M 9/55

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П	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18														
	3596 CERTIFICATE OF DEATH 13546 Reg. Dist. No.										8				
1.	PLACE OF DEATH o. COUNTY Anno	2. USUAL RESIDENCE (Where deceased five a. STATE Maryland					b. COUNTY	b. COUNTY Baltimore City							
ı	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)					c. CITY OR 1	TOWN (If o	RAL and give I	AL and give nearest town)						
L	Crownsville			23 mont	Bal										
	_	TAL (If not in hospital, s				d. STREET ADDRESS Homeless					ON	ESIDENCE A FARM? NO			
3.	3. NAME OF First DECEASED			Middle		Los		4. DATE	Month	1	Day	Year			
L	(Type or print)	Charles				ias Clur	ndy	OF DEATH	4		21	19 56			
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 🔲	B. DATE OF BIRTI	Н			FUNDER 1 YE					
	Male	Negro	WIDOW		-	9/21/09	7		40 yrs	Months Doy:	Hour	Min.			
10	Od USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ during most of working life, even if refired)									12. CITIZEN	OF WH	AT COUNTRY?			
	Constructi	4.4				Ge	orgia	l			U. S.				
13	. FATHER'S NAME				14 MOTHER'S	MAIDEN N	AME								
L	Edward Clundy					Ro	oberta	Nick	ens						
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address									1.7. 7.					
	lnk. Unk. Unk. Hospital Records														
	PART I. DEATH WAS CAUSED BY: Bulbar Palsy MMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN Known Known Lossia No Pearl Known Lossia No Pearl Known Lossia No Pearl Lossia No Pearl Known Lossia No Pearl Lossia No Pearl														
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) Amyotrophic Lateral Sclerosis (b) DUE TO									Unknown					
											19. WAS AUTOPSY PERFORMED? YES NO				
MEDICAL	20c. TIME OF INJUI Hour a. si. p. m.	RY Manth, Day, Yes	While at work	Not while at work	20e. PLA foc	CE OF INJURY (I	Home, form, bldg., etc.	20f. (City	or town)	{Count	r)	(State)			
Н	21. I certify that I attended the deceased from 4/16														
П	alive an 4/20/ , 19.56 , and that death accurred at 9:550 M, from the causes and an the date stated above.														
											PATE SIGNED				
	PHYSICIAN'S Hildegard Heard Reissmann														
27	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)									(Ste	ale)				
L	Buried 4-29-56			Magnolia	Cem	etery		Thoma	asvilb		Georgia				
23	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	1.	2.0	24a. REC'D	BY REGIST	RAR 24b. REGIST	RAR'S SIGNAT	URE				
	Ullian	villese, I	T- C	ennapol	ea,	ma	DATE 4	-28 =	156	m	01.	10			

MARYLAND STATE DEPARTMENT OF HEALTH

Z A ULMIN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SUESEIVE A. S. S.

eerfificate be executed within 24 hours after death.

ATTENDING PHYSICIAII OR HOSPITALL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03549

CERTIFICATE OF DEATH 3598

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY FI. FI CO MARYLAND	STATE MAC COUNTY A.A.CO
CITY (II outside corporate limits, write RURAL OR and give nearest fown) TOWN A G CITY (in this place)	CITY (It outside corporate limits, write RURAL and give nearest town) OR TOWN BAY SI SE BEACH
HOSPITAL OR APPLE TREE ROAD INSTITUTION OR APPLE TREE ROAD STREET ADDRESS R. F. D. V. BC X 375	ADDRESS A PPLETREE Pd R 7 D7 Bex375
3. NAME OF DECEASED (First) (Middle) CORKI	(Lest) 4. DATE (Month) (Day) (Year) OF DEATH/AFF, L 7 19 56
Single, Married, Widowso, DIVORCED, Specifyll, COWED Augus	+70-1873 82 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during merty of working life, even it retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, A. Scunk.] [If Yes, give wer or detes of service] [Yes, A. Scunk.] [If Yes, give wer or detes of service]	EIN J. CERTHAN BAY SIJE BEACH MIL
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIPICATION INTERVAL BETWEEN ONSET AND DEATH
immediate cause (A) acute C	crebral Herombosis 1/2 hour
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	arterioselerosis unkaccer
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20, AUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY streat, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	le. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while et work at work	11. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7170.	1, 1954, to aprel 1, 1956, that I last saw the deceased
	7.1.271M, from the causes and on the date stated above.
R.M. Me Laughline M.D.	Padade (Street, city, town, state) DATE SIGNED Padade (Street, Md. april 1/954
23. BURIAL, CREMATION, JOATE THEREOF, NAME OF CEMETERY, OR OF	TREMATORY CEM (Site)
DATE Price 3, 190 E REGISTRAR'S SIGNATURE	125. PUNERAL DIRECTOR'S SIGNATURE ADDRESS ATT TO WALLEYS STATE STATES

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03550

3599 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Anny Arantel MARYLAND	STATE Maj-yland county Anno Arundel
CITY (if outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (in this piece)	CITY (If outside corporate limits, write RURA), and give neerest town)
OR end give neerest town) TOWN Severna Parks (in this place)	TOWN Severno Park
HOSPITAL OR	STREET (If sure give location).
INSTITUTION OR BOX 25_ Banfie / TV.	ADDRESS BOX 25- Benfield Road
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) 1/0 Siah Augury	OF DEATH April 26, 1951
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
Make White Specify Make 181 Jan,	13, 1896 60 ym. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF SUSINESS	11. SIRTHPLACE-(Siete or foreign country) 12. CITIZEN OF WHAT
done during most of working life, everything or INDUSTRY retired) 50 Chefar At 14510	FOREMAN MINE (COUNTRY)
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Flich J. Cox	Ella J- Shiblow
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS BELT 25
(Yes, po, or unk.) (N Yes, give wer or dates of service) 2/3-/2-6855	Vyrs-Holon E. Cox Sevorno Ple. Md
18. MEDICAL CER	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) / MEMONARY	Embolus bilgheard 30 minute,
ANTECEDENT CAUSE(S) DUE TO VANICACO	prine lolk I was extract
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING LINDRIVING CAUSE LAST DUE TO	cons cert conveneration
STATING UNDERLYING CAUSE LAST, DUE TO GASTAVINTESTING	A Hemonohore
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, ferm, fectory, 2	Ic. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	(State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e INJURY OCCURRED While Not while	RTE. HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from MANIX	, 1956 , to 1101 26 , 1956 , that I last saw the deceased
alive on 11/11/11/12/20, 19.3.4, and that death occurred at,	
SIGNATURE A	ADDRESS (Street, city, town, stete) DATE SIGNED
Junus T. Wall M.D.	Dox 284 Sevenna Ponte May 4-3056
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR O	CREMATORY LOCATION (City, town, or county) (Stere)
Burial April 30,1936 Glen Have	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 PUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 5/3ND & SQUELLEDA	Af sting the Stend sumo, Md
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DECEMAN.

7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
-3/2		3600 CERTIFICATE OF DEATH Reg. Dist. No.
directived wife	1. 1	PLACE OF DEATH 1. COUNTY One are deceased lived If institution: Residence before admission) 1. COUNTY One are drundled 1. COUNTY Anne are drundled
funerol X	ا بر	CLEY OF TOWN if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OF TOWNS TOWNS TO Outside corporate limits, write RURAL and give nearest town)
by the		d STREET ADDRESS e IS RESIDENCE ON A FARM? YES \(\text{NO INSTITUTION} \)
24 hour silled in b	1 1	NAME OF DECEASED Ward Crowner DEATH 1956
d within 2 olerely fille rs. Poges	5. 5	Male 6. COLOR OF PACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH MONTH 6. COLOR OF PACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH MONTH 9. AGE (In yours lost birthdoy) 6. COLOR OF PACE 7. MARRIED NEVER MARRIED 12 - 21 - 29 9. AGE (In yours lost birthdoy) Months Doys Hours Min.
nd components on pope death.	100	osp. Attendant Orownillestite How Shalyside. md U.S.a.
on of corbo	13.	James a. Crowner autha Scott
certificating physici	15 Syn	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Of CT UNKNOWN) 18 TO THE OF THE PROPERTY OF Address of Services 2/13-28-24/19 Emily Crowner-Shadyside. MA
ottending n please re within 72		18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). TO CHARGO A COUSED BY.
that the by the t. Then y evening		OND TO DUE TO
signed in permi		gove rise to immediate coese (a), stating the <u>under</u> lying cause last. (b) DUE TO (c)
e low re obysicio as been al-trans aval, on	ATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\sum NO \(\sum \)
AN: The ending a scote he burille burille burille	CERTIFICATION	20g ACCIDENT WAS UNDERLYING 2 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CHILD BY AND
HYSICI il or affi vis certifi use os imation,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) Hour a.m. Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Suddynile A. A. Co ind
ed for the lot, cre		21. I certify that I attended the deceased from Mat Al 19 Bl. to
ATTENN by the CTOR. deroch to bur		alive on 19 19, and that death occurred at 2 F. M, from the causes and on the date stated above, ADDRESS (Street, city or town, stote) DATE SIGNED
AL OR stoined ould be or prior		PHYSICIAN'S Octing Choper
MOSPITA moy be re D FUNERA poge 3 sh the registr	220	NAME (Type) BURSAL, CREMAT ON, 1226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REGIOVAL (Specify) 4 17-56 21 M. Ithours 2 20d LOCATION (City, town, or county) (Stote)
5 5 0 0 ±	23	FUNERAL DIRECTOR'S SIGNATORE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
VS A15 (4) 1SM 9/SS	6	Villiam Gelse, o- amapolio, Md pate the de Belle, Sent

8 1. 115000

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03552 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) PLACE OF DEATH o. COUNTY O. STATE **b.** COUNTY MARYLAND b. AITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY-QR TOWN (If outside corporate limits, write RURAL and give nearest town) nd give neprest fown) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE registrar prior ON A FARM? YES NO P NAME OF 3. First 4. DATE OF Day Month Year DECEASED (Type or print) DEATH 5. SEX 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE/Iln years IF UNDER TYEAR IF UNDER 24 HRS Months WIDOWED [DIVORCED [" 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relived) 13_FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per ling-for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which) gave rise to immediate couse DUE TO (a), sloting the underlying couse lost. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPS Y ő PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of (Iem 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20c. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc. Hour While Not while o. m. of work all work p. m. 21. I certify that Loak chatge of the remains described above, held an Autapsy ... Inspection M. Inquiry and find that death resulted fram: 1 Matural causes Accident | Suicide . Homicide . Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER 50 SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 225. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

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		MARYLAND STATE DEPART		BALTIMORE, 1	03553
		3601 CERTIFIC	ATE OF DEATH		Reg. Dist. No. 21
	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where de	ceosed lived. If institution	n: Residence before admission)
	L	Anne Arundel MARYLAND	- Md		AA
(4)		c. LENGTH OF STAY IN 16 RURAL and give nearest town)			RAL and give nearest lown)
. 1	X	hural Annapolis d. NAME OF HOSPITAL (If not in hospital, give street oddress)	Annapolis, mary	rland	e, IS RESIDENCE
		OR INSTITUTION COMMAN, And apelis	32 Sellers Rd,	Arundel Est:	ON A FARM?
		NAME OF First Middle DECEASED Type or print) Firiam Gilchrist Cur ings	Lost 4. D		
	5.	EX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
		F Cau WIDOWED DIVORCED	3-11-26	last birthdoy) 30 yrs	Months Days Hours Min.
,	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (Slote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
/		HOUSELUITE Horse	Utah		US
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	15	Elvin Willes Gilchrist WAS DECEASEDEVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO.] 17.	Lois B Cow	Ley	
	ly.	no. or unknown] (If yes, give war or dates of service)		osp Kecords	22
-1	F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	7404.00.7 ***	700 -0001 40	INTERVAL BETWEEN
11)			ciple, Skull N 803		ONSET AND DEATH
		816 X DUE TO			
√		Conditions, if any, which) (b)			
		gove rise to immediate (cosse (a), stating the under-			
	_	lying cause lost. (c)			
,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8			N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
		20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Automobile Acc	ident		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. While Not while	PLACE OF INJURY (Home, farm, 20) foctory, street, office bldg , etc.)	(City or town)	(County) (Stole)
	, W	2:30 DEUT April 221956 of work of work		ural Antarcl	is AA lid
		21. I certify that I attended the deceased fram. <u>1-22</u>	<u>, 1956</u> , ta <u>4-22</u>		,that I last saw the deceased
		alive an 4-22- 19.56, and that dea			nd an the date stated above.
- /		ACTUAL P.O. GALB CDR AC USN	M.D. U.S. Naval Hos	ess (Siree), city or town, s pital, Anna po	
		PHYSICIAN'S NAME (Typo)		***	
e regi	220	BURIAL, CREMATION, 1926. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 279	LOCATION IGHY, Jown, or	county) (State)
	23.	FUNERATIDIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY I	REGISTRAR 246 REGIST	FRAR'S SIGNATURE
		John M. Taylor Son Runs	realis Ma DATE 1-22	-1956	1 Tource
		V		11.17	

BUREAU V. S.

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- 1					TITE	71715	DEPARTA	MENT Q		п—рд		read a	8	0.24	EA
				360	2		CERTIFIC	ATE O	F DEAT	H			Reg. Di	033 st. No.	1348
1.	PL O.	ACE OF DEATH COUNTY	nne Ar	und el			MARYLAND	2. USUA a STA	RESIDENCE (WATE	here decear		f institutio			mission) e City
	ь.	CITY OR TOWN	necrest town)		ls, write		OF STAY IN 16	c. CIT	Y OR TOWN (IF				URAL and	give neares!	lown)
_	N.	CTOW	msvill		wa theat a		day	4 671	Balt REET ADDRESS	imore	City			922	DECIDENCE.
M	u.	OR INSTITUTION	nsvill				1	0. 511		7 N.	Calho	un St	treet	1 0	RESIDENCE N A FARM?
3.		AME OF FCEASED ype or print)		Fin Sam	st		Middle	กลา	lost ling	4. DATE OF DEAT		Mont		Day 22	Yeor 19 56
5.	. SE		6. COLOR			ED NEV	ER MARRIED	B. DATE OF			9. AGE (In years		1 YEAR IF L	NDER 24 HRS
		Male	Negr		WIDOWE		DIVORCED [Aug.	20, 1	881	lost bi	5? yrs.	Months	Days Ho	Min Min
×)o.	USUAL OCCUPAT during most of wa Not	ION (Give kin rking life, eve known	d of wark on if retired)	done 10b. I	CIND OF BI	USINESS OR IND	JSTRY 11. B	Not gi	or foreign	country)		12. CIT	IZEN OF W	HAT COUNTR
13	3. F	ATHER'S NAME						14. MO1	HER'S MAIDEN						
		Unkr							Unkno	wn					
0 19	Yar,	VAS DECEASED EV		RMED FOR		OCIAL SEC	URITY NO. 17.	INFORMAN	al Reco			Addr	ess		
- 1		PART 1. DE	ATH WAS CA		Gen		o), and (c).] zed Arte	riosc	lerosis				Kno	wn to	BETWEEN ND DEATH US SIN
NOTA		PART 1. DE	ath WAS CA IMMEDIATE any, which immediate the under-	USED BY: CAUSE (o) DUE TO (b) DUE TO	Gen	erali	-			AINAL DISEA	SE CONDIT	TION GIVE		Wh to 2/25/5	us sin
N CERTIFICATION		PART 1. DE Conditions, if gove rise to couse (a), stoling lying couse lost PART II. O ROO. ACCIDENT W OR CONTRIBUTION IF EITHER, NOTIF	any, which immediate immediate immediate : :	USED BY: CAUSE (o) DUE TO (b) DUE TO (c) CANT CONI	Gen	ONTRIBUTION RIBE HOW	ng to death BU	T NOT RELAI	TED TO THE TERM	Part I or Pa	ort II af iten	m 18.)	EN IN PAR	Wh to 2/25/5	us sin
MEDICAL CERTIFICATION		PART 1. DE	ath was ca immediate g the under THER SIGNIFIC (AS UNDERLY) G \(\text{CASUNDERLY}\) RY Month,	USED BY: CAUSE [o] DUE TO (b) DUE TO (c) CANT CONI	DITIONS CO. 20b. DESC	ONTRIBUTION RIBE HOW	NG TO DEATH BU INJURY OCCURR URRED 20e. F	T NOT RELATED. (Enter no	TED TO THE TERM sture of injury in DURY (Home, for u, office bldg., el	Part I or Part I	ort 11 af iten	m 18.)	EN IN PAR	T 1(a) 19 W PE YES	AS AUTOPSY RFORMED? NO 3
	2	PART 1. DE Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O' PART III. O' ROO. ACCIDENT W DR CONTRIBUTIN IF EITHER, NOTIF Hour a, 51. p, m. 21. I certify !	ath was Ca IMMEDIATE any, which immediate g the under- ther SIGNIFIC (AS UNDERLY) G II CAUSE Y MEDICAL EX	USED BY, CAUSE (o) DUE TO (b) DUE TO (c) CANT CONI NG D DF DEATH CAMINER) Doy, Yee	DITIONS CO 20b. DESC 20b. DESC ar 20d. IN While at wark	ONTRIBUTION RIBE HOW	NG TO DEATH BU	ED. (Enter no LACE OF IN. actory, street	IED TO THE TERM Iture of injury in IURY (Home, for, office bldg., el	Part I or Pe	ort II af iten	19_50 auses a	that i	T (o) 19 Why Property (County)	AS AUTOPSY RFORMED? (Stote) he decease tated above
	2000	PART 1. DE Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O' PART II. O' PART II. O' CO. ACCIDENT W. PR. CONTRIBUTION IF EITHER, NOTIF OC. TIME OF INJU Hour a. st. p. m. 21. I certify ! alive on 4	ath was ca immediate immediate g the under- ther SIGNIFIC (AS UNDERLY) G II CAUSE Y MEDICAL E) RY Month,	USED BY, CAUSE (o) DUE TO (b) DUE TO (c) CANT CONI NG D DF DEATH CAMINER) Doy, Yee	DITIONS CO 20b. DESC 20b. DESC ar 20d. IN While at wark	ONTRIBUTION RIBE HOW	NG TO DEATH BU INJURY OCCURR URRED 20e. F	ED. (Enter no LACE OF IN. actory, street	IED TO THE TERM Sture of injury in URY (Home, for, office bldg., el	Part I or Pe	ort II af iten	19_56 auses a	that I	T (o) 19 Why Property (County)	AS AUTOPSY RFORMED? NO
WFDICAL	200.	PART 1. DE Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O CO. ACCIDENT W OR CONTRIBUTIN IF EITHER, NOTIF OC. TIME OF INJUI Hour a, 51. p, m. 21. I certify I actual signature Physician's NAME (7ype) BURIAL CREMATI	ath WAS CA IMMEDIATE only, which immediate immediate is the under- THER SIGNIFIC (AS UNDERLY) G I CAUSE (Y MEDICAL E) RY Month, hat 1 atter 21 L. Ben ON, 1225, DA	USED BY, CAUSE (o) DUE TO (b) DUE TO (c) CANT CONI NG D DF DEATH CAMINER) Doy, Yee	DITIONS CO 20b. DESC 20b.	ONTRIBUTION RIBE HOW OF WORD OF WORD	NG TO DEATH BU INJURY OCCURR URRED 20e. F	ED. (Enter no LACE OF IN. gotory, street	IED TO THE TERM Sture of injury in URY (Home, for, office bldg., el	Part I or Po m. 20f. (Ci -2) 4/22 8 M. fro ADDRESS (18V111	ty or town) om the co	19 56 auses a or town,	that i	T t(o) 19 W PES Caunty) last saw the date s	AS AUTOPSY RFORMED? [Stote he decease atted above DATE SIGN 23/56
WEDICAL	200.	PART 1. DE Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O' PART III. O' CO. ACCIDENT W OR CONTRIBUTIN IF EITHER, NOTIF OC. TIME OF INJU Hour a, 31. p, m. 21. I certify II Collive on ACTUAL RIGNATURE PHYSICIAN'S NAME (Type)	ath Was Ca IMMEDIATE only, which immediate grade grade immediate grade g	USED BY, CAUSE (o) DUE TO (b) DUE TO (c) CANT CONI NG D DO DEATH (AMINER) Doy, Yec 19 Inded the	DITIONS CO 20b. DESC 20b.	ONTRIBUTION RIBE HOW OF WORD O	NG TO DEATH BU INJURY OCCURR URRED 20e. F	ED. (Enter no LACE OF IN. gotory, street	IED TO THE TERM Sture of injury in URY (Home, for, office bldg., el	Part I or Po m. 20f. (Ci 22d. toC.)	ort II af iten	19 56 auses a or lown, s	that in the state of the state	T (o) 19 Why Property (county) County) liast saw the date s	AS AUTOPSY RFORMED? (Stote)

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			A LEES	5.9	. Filliage 5	- i	ENT OF HEALTH		IMORE, 1	8	035	55
			360	3	CER	IFICA	ATE OF DEATH	1		Reg. Dist	. No. 🖂	8
	1, 6	LACE OF DEATH	e Arundel		MA	RYLAND	2. USUAL RESIDENCE (W) o. STATE Marvla		lived. If institution b. COUNTY		before admir	ision)
×	ŧ	RURAL and give n	If outside corporate limit earest town) wnsville	ls, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If o	utside corpore	ote limits, write R	URAL and giv	re nearest low	n)
	C	OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDRESS	Dana	0		ON	SIDENCE A FARM?
ı	2 .	VAME OF	wnsville St				Rte. #] NO [
ı]	DECEASED Type or print)		othy	Mido		Davis	4. DATE OF DEATH	Mon 4		22 22	19 56
	5 S	emale	6. COLOR OR RACE Negro	7. MARR			8. DATE OF SIRTH	5	AGE (In years lost birthday)		YEAR IF UND	
	100.	USUAL OCCUPATION Domestic		one 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign cou	untry)	12 CITIZ	EN OF WHA	
ı	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N				-	
		James D	avis									
	(Yes		R IN U. S. ARMED FOR (If yes, give wor or dotes of se NO		SOCIAL SECURITY N		NFORMANT Nospital Reco	rds	Addr	ess		
	,	Conditions, if a gave rise to i cause (o), stating lying cause lost.	the under-	Sul	pacute Yel	low /	trophy of the	.)s			ONSET AND	D DEATH
,	CATION	Mo	ental Defic	ienc	y, Severe	(Cor	NOT RELATED TO THE TERMI			EN IN PART	PERF	AUTOPSY ORMED?
		OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	(Enter noture of injury in (ort I or Part i	11 of item 15.)			-
ĺ	MEBICAL	20c. TIME OF INJUI Hour a. ji. pt. m.	RY Month, Day, Yea	White of wor	NJURY OCCURRED Not while t ot work	20e. PV for	ACE OF INJURY (Home, form tory, street, office bldg., etc.	, 20f. (City o	or town)	(Co	ounty)	(Stote)
		21. I certify the alive on 4/	nat I attended the 20 Ayar ddle			t/7at death	occurred at 10:30	OSM, from ADDRESS (Stre	the causes a set, city or town, Le, Md.	nd on the	e date stat	
		PHYSICIAN'S NAME (Type)	<i>U</i> Hildegard H	eard	Reisamanı	<u> </u>	<i>N</i>					
	Z	BURIAL, CREMATIC REMOVAL (Spyrify) SULLING SPRIFY	upr &	5-	22c. NAME OF CE	METERY O	HAT Md.	22d LOCATI	ON (City, Iown, o	P (AC)	(Sto	d -
		ohns	mad)	enf	kens &	tack	DATE 4	- 22-5	6/1	m	7 (3) S)
	Elm	/	V									

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4)

03556

L	000,	CERTIFICA	ATE OF DEATH	R	eg. Dist. No. 21
1,	a. COUNTY anne aruna	el -	o. STATE Mary	b. COUNTY	nne arundel
	RURAL and give negrest town;	ENGTH OF STAY IN 1b	c. CITY OR TOWN IN OR	utside corporate limits, write RUR	AL and give nearest lown]
	d. NAME OF HOSPITALAIF not in hospital, give street address of NSTITUTION.	o-00.	d. STREET ADDRESS Bod 131	(R.7.1).	e, IS RESIDENCE ON A FARM? YES NO NO
3.	NAME OF DECEASED (Type or print) Edith	Middle	Davis	4. DATE Month OF DEATH	26 1956
7	emale Col. WIDOWED E	DIVORCED 🗍	B. DATE OF BIRTH 3-4-189		UNDER I YEAR IF UNDER 24 HRS.
ļ	a USUAL OCCUPATION (Give kind of wark done 10b. KIND Wing most of warking life, every if retired)	OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE Stole of	or foreign country) The Co. Md	12. CITIZEN OF WHAT COUNTRY?
	Pavid Dorse	45%	Mary	Easton	
1S (*•	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	AU SECURITY NO. 17 II	wid Donses	In Edgewa	ter me
	PART I. DEATH WAS CAUSED BY:	(a). (b), and (c).)	where due to	Hybriteren	INTERVAL SETWEEN ONSET AND DEATH
	Canditions, if ony, which gove rise to immediate cause (a), stating the under	Property linguist	indution	heard dise	20)
CATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
CERTIF	200. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	Enter nature of injury in Po	art I or Port II af item 18.)	
MEDICAL	Havr a. ji. While	OCCURRED 20e. PU Not while for ot work	ACE OF INJURY (Home, farm, story, street, affice bldg, etc.)	20f. (City or town)	(County) (Stole)
	21. I certify that I attended the deceased fralive on 1956	om 4 2	0ccurred at 2:45		hat I last saw the deceased on the date stated above.
	ACTUAL SIGNATURE DE L'ARCH CONTR	Car	MD. 110 -00a	DORESS Street, city or town, stor	4 1 1 SIGNED
	PHYSICIAN'S NAME (Type)		/		1) 1)
220	C. BURNAL, CREMATION, 226. DATE THEREOF 22c.	MAME OF CEMETERY OF	Chapel	22d LOCATION [City, towny or co	gunty) (State)
23.	FUNERAL DIRECTOR'S SIGNATURE DILLIAM RELEXTI-AN	ADDRESS mapolis.	Me 24g. REC'D	BY REGISTRAR 246. EGISTA	(SIGN TUNE

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03558

3605	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
A A	1EA A A
COUNTY FT FT. MARYLAND	STATE PIC COUNTY A.A.
CITY (It outside corporete limits, write RURAL LENGTH OF STAY (in this plece)	CITY (II outside corporate limits, weite RURAL and give neerest town) OR
X TOWN Baltimore 21 2 yrs-	TOWN Linthicom
HOSPITAL OR ,	STREET (If rurel give location)
INSTITUTION OR A STREET ADDRESS MO (A)	ADDRESS TTO STATE OF THE PROPERTY OF THE PROPE
2007	Main Ave
3. NAME OF (First) (Middle) DECHASED () (First)	(Lest) 4. DATE (Month) (Dey) (Yeer)
Prince on But-15	OWNS DEATH Chril 1, 1956
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF	
RACE, WIDOWED, DIVORCED,	2 109; TE Months Deys Hours Min.
I W (Specify) Willowed teb	9-188/ 75 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ratical) Of a second second	Ohio U.S.A.
13. FATHER'S NAME	14. MQTHER'S MAIDEN NAME
The Theory	
Edward Mc Daniel	duella oculos
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) [If Yes, give wer or dates of service]	Works Underson
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
1 IMMEDIATE CAUSE (A) Cardio Va	iscular Disease 2-2 yn
ANTECEDENT CAUSEISI DUE TO Ly	
DISEASES OR CONDITIONS, IF ANY, (B) Alex Dent Conte	0n 1/ gn_
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
STATING GNORELING CAUSE LAST.	
18 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
THE DATE OF OFERABOR PRODUCTS OF OFERABOR	YES NO X
21e. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Homa, farm, factory,] 21	Ic. WHERE DID INJURY OCCUR? (City or fown) [County] (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	A CHANGE WASHINGTON TO A COUNTY CONTRACT CONTRAC
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e, INJURY OCCURRED 2	H. HOW DID INJURY OCCUR?
While Not while	iii. How one involve account
M. et work st work	
	1954, to 4// , 1956, that I last saw the deceased
	e 20 M, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Street, city, lown, state) DATE SIGNED
Chas L. Sell M.D. X	11thicum 4/1/56
23. BURIA., CREMATION, DATE THEREOF NAME OF CEMETERY OR C	
- /	neterv Balto.Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
-h, 2 wr. 1 ist -t,	Harry H. With 4101 Edmondson Ave
DATE for 3,1986 Sidas Mintern	Mand It wille From memoriason was



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03560

CERTIFICATE OF DEATH

3696

Reg. Dist. No.... 24.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY HOME HOME MARYLAND	STATE MY COUNTY A A
CITY (If bulside corporete limits, write RURA). (LENGTH OF STAY	City (it outside corporate limits, write RURAL and give nearest town)
OR and give nearest fown) TOWN (in this place) TOWN (in this place)	TOWN GIEN BURNIE
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR 4/12 6th Ave 11/7	ADDRESS 412 6th Ave NE
3. NAME OF (first) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print) ELIVIA EVELYIY	TRILIVY DEATH MARKET 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	
(Specify) has de 2 per Oct	-23, 1896 59 yrs. Months Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
dane during most of working life, even if relired) Housein Le Cinn Home	MAIRVLAND COUNTRY!
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
John IN McCallough	MARY E. LYDIC
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANY & ADDRESS
(Yes, no, or unk) (If Yas, giva wer or detas of sarvice)	- MRS MARY BUCKINGHAM, SAMEASZ
18. MEDICAL CEN	PTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	The Constitution of the Co
IMMEDIATE CAUSE (A) CONFIDENCE	y ortery occlusion
ANTECEDENT CAUSEISI DUE TO ANTE A STATE	To be t
DISEASES OR CONDITIONS, IF ANY, (B)	rene Mear
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	diam and
(C)	ell o eare
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO Z
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	21c, WHERE DID INJURY OCCUR? (City or lown) (County) (Stein)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from	19, to
alive on, 19, and that death occurred at	M, from the causes and on the date stated above.
SIGNATURE	102 Balto - HADDRESS (Street, city, town, stete) DATE SIGNED
Molfor all	N. E. alex Burnie Mol. 4/20/1936
23. BURIAL, CREMATION, DATE THEREOF , NAME OF CEMETERY OR	
BURINIA BENT. 4/23/56 FRIENDS	ville FRIENDSVIlle, Md
24. REC'D BY REGISTRAR DEGISTRAR'S SIGNATURE	25. FUNGRAL DIRECTOR'S RIGHATURE ADDRESS
DATE April 2156 L. S. Alaeba	Hooping & KIKKLEY STEIN BURNIEMA
DATE April 21, 26 L. J. At alba	THOMAS INCH A THE WASTER TOOKING THE

s 'a hvafild'

DECENTIFIED S

1	It	em 18 Fil:	MARYL m G195 4-29	AND STATE DI		ENT OF HEALT		AORE, 18	03	561
4 25			31	SO7	KIIFICA	TE OF DEAL	П		Reg. Dist. No.	28
director	1.	PLACE OF DEATH	nne Arundel		MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryla		d. If institution b. COUNTY	Residence before Baltimon	
dear dear	(b. CITY OR TOWN (RURAL and give o	If outside carporate limit carest town) rownsville	s, write c. LENGTH OF		c. CITY OR TOWN (III	ore City	limits, write RUI		
by the fun	,	d. NAME OF HOSPI	TAL (If not in hospital, gi	ve street oddress) State Hospit	al	d. STREET ADDRESS 235 N.	Stricker	Street	t t	ON A PARM?
24 havrilled in b	3.	NAME OF DECEASED (Type or print)	Will	it A	tiddle	Gaines	4. DATE OF DEATH	Month 4	Da	yeor 19 56
within 2 letely fills. Pages	5.	sex Male	4.0	7. MARRIED NEVER A	AARRIED A	B. DATE OF BIRTH Not given	9. A		Months Days	Hours Min.
executed of complining papers death.	10	during most of wor		ione 10b. KIND OF BUSIN	ESS OR INDUS		te or foreign countr		12. CITIZEN O	F WHAT COUNTRY?
and and are	13.	FATHER'S NAME	mproyed.	1100 2	LIOWII	14. MOTHER'S MAIDEN				0. 0.
of Sq. in		Jee	se Gaines			Mary G	aines			
rtifica physic mave hours		WAS DECEASED EVE	ER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURIT	Y NO. 17. IF	FORMANT		Addres	is.	
ng p rem 72 h	,	Unk.	Unk.	Unk.		Hospital Re	cords	Crowns	ville St	tate Hospi
death tendir please vithin		18. CAUSE OF DEA	ATH [Enter only one can	use per line for (o), (b), on	d (c).]				INTE	RVAL RETWEEN
		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bronchepne	umonia				ONS	ET AND DEATH
d by the a mit. Then gax vent		443X	DUE TO	AHCVD #Art	eriosci	lerotic Hyme	rtensive	Cardin-		known for
i. e an		gave rise to i couse (o), staling lying cause last,	the under: DUE TO				CUIEF GIS	Adeb.		
hysician. s been si il-transit val, and	ATION	PART II. OT		DITIONS CONTRIBUTING I	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVE	N IN PART I(o) I	9. WAS ALTOPSY PERFORMED? YES NO T
AN: The nding p cate ha ie buric ar remo	CERTIFICATION	200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJU	JRY OCCURRED). (Enter nature of injury i	n Part i or Port Ii o	f item 18.)		
PHYSICIA of ar offer his certifi use as the	MEDICAL	20c. TIME OF INJUI Haur a. şı. p. m.		or 20d. INJURY OCCURRE White Not white at work at work	D 20e. PLA	CE OF INJURY (Home, for		own]	(County)	(State)
VDING pit ched for priol, cr		21. I certify the	hat I attended the		3/26	, 19 <u>56</u> , ta accurred at 8:45	4/6 ■M. from th			iw the deceased
d by the SECTOR SECTOR be deto		ACTUAL SIGNATURE N	Relegand.	Verre R	2 mg	M.D.	ADDRESS (Street, Crownsv.)	city or town, st	ote)	DATE SIGNED 4/6/56
OSPITAL O		PHYSICIAN'S NAME (Type)_H_	ldegard Hea	rd Reissmann	1					
O HOSPI moy be o FUNER page 3 s	22	BURIAL CREMATIC BENOVAL (Specify BUT 18 I			CEMETERY OF		22d. LOCATION Balt		county) Md •	(Stole)
E E	23	FUNERAL DIRECTOR	PS SIGNATURE	ADDRESS	322		C'D BY REGISTRAR	24b. REGIST	RAR'S SIGNATUR	16
YS A15 (4) 15M 9/55	1	no Tatel	S. Williams) sekra	eder.	St. BATE	· *	Ħ	A 111.4	ny cerz



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72 hours after death. director, the third dop

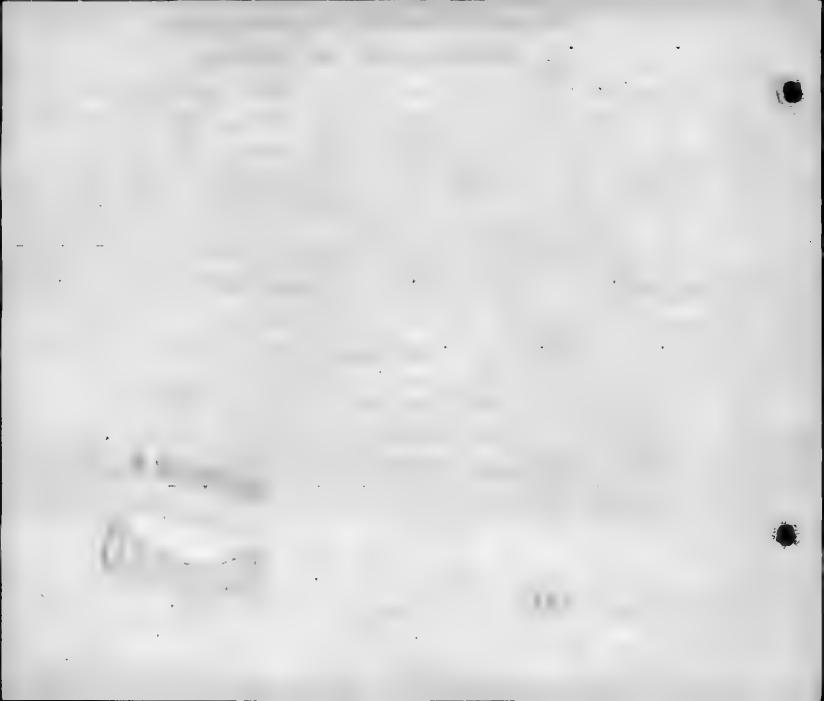
the registrar within in by the funeral

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. VS AISC 1-55 10M —

03562

2508 CERTIFICATE OF DEATH

, 5500			Reg. D	Dist. No
1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEA	SED
county Anne Arundel	MARYLAND	STATE Maryland	COUNTY Bal	ltimore City
CTY (If outside corporate limits, write RURAL OR and give nearest fown)	LENGTH OF STAY (in this place)		e limits, write RURAL end give	
TOWN Crownsville	fur stars brooms		ore City	
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(il rural give loceti	on)
STREET ADDRESS Crownsville St	tate Hospital	536 W	. Barre Street	t
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print) Thomas		Gantt	DEATH 4	2 19 56
RACE WIDO	E, MARRIED, 8. DATE WED, DIVORCED,	OF BIRTH 9.		IDER 1 YEAR JIF UNDER 24 HRS
Male Negro (Specia	Widowed No	ot given	76? yrs. Month	Deys Hours Min.
IDe, USUAL OCCUPATION (Give kind of work done during most of working life, even #	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slate or foreign	country)	12. CITIZEN OF WHAT
relired) Unik.	Unk.	Ma	ryland	Ü. S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Not given		Not given		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service		17. INFORMANT & ADI		
Unk Unk	Unk.	Hospital R	ecords	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Bronchopneumonia			
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B)	Myocardial Degen	eration		
STATING UNDERLYING CAUSE LAST, DUE TO	Arteriosclerotic	Hamantangina Ca	ndiamaanlam l	na l
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	VI PELIORCIPIOCIE	HAber censive ca	ruiovascular i	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes Mellitu	s & Chronic Bra	in Syndrome	Since 12/30/55
196. DATE OF OPERATION 196. MAJOR F	NDINGS OF OPERATION		-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	2D. AUTOPSY
21s. ACCIDENT WAS UNDERLYING 21b. PLA	CF (Home form forton)	21c. WHERE DID INJURY OCCUR?		YES NO TO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY	CE (Home, ferm, fectory, f street, office bldg., etc.)	ZIC. WHICKE DID INJURY OCCUR?	(City of fown) (C	County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hou		211. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the	e deceased from 12/30	, 19.55, to 4/	2 19 56 the	at I last saw the deceased
alive on	, and that death occurred a	18:50a AM, from the cau	ises and on the date st	ated above.
Hidelar Heard Ken	mo. Mou	Crownsv	iss (Street, city, town, stole)	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OF		LOCATION (City, town, or co	
Burial 4/5/56	Mt. Calva		Brooklyn, Ma	ary Land
24. REC'D-BY-REGISTRAR'S SIG	NATURE	25. KINERAL DIRECTOR'S STO	NATURE //	ARPHA ILLY
DATE - 1	111. Janes.	10.// //	Lillan !	ODE RECONDEN





TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M**

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03564

3610- CERTIFICATE OF DEATH

Reg. Dist. No......

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASES	•
COUNTY Anne Arundel MARYLAND	STATE Marry and COUNTY A A	
CITY (If outside corporete limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this place)	OR .	rest fown)
Millersville 2m. and 12 day	s Clen Burnie	×
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS	
STREET ADDRESS Sann's Nursing Home	101 770 1	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Monage T	OF DEATH	3 O 1 1 10m /
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	BIRTH 9. AGE less birthdey IF UNDER	10th 1856
RACE WIDOWED, DIVORCED, (Specify) 716 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Months	Deys Hours Min.
F. W. Wildowed 1 12/25/		CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	i michie thên faate at mailin easterlist	COUNTRY?
relired) Fousewife		S.A.
IS, PATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Henry Luft	Catherine Rabbe	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unk.) (If Yes. give wer or detes of service)	17. INFORMANT & ADDRESS	
(103, IIV, VI WIIK.) (II 103, SITE WAI DI ORIGI DI SOLVICE)	Sann's Nursing Home Records	~
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	IFICATION	ONSET AND DEATH
Frankonsin Candia	Vacquilan Diagona	
	vascular Diseases	Over 3 months
ANTECEDENT CAUSE(S) DUE TO		
DISEASES OR CONDITIONS, IF ANY. (8) Cancer of the Sk. Giving RISE to the ABOVE CAUSE DUE TO	12	
STATING UNDERLYING CAUSE LAST. (C)		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
DA ACCIDENT WAS INDEPLYING TO AN ENGINEER OF	LAURAN DIS INVARIA COMPA	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	c. WHERE DID INJURY OCCUR? (City or town) (Coun	ity) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED 21 While Not while et work et work	If. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/7/56	, 19, to4/19/55, 19, that I	last saw the deseased
	5.15 M. Hom the causes and on the date state	
SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
but to air At author MA was con		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CO	n Burnia Md LOCATION (City, town, or county	(State)
burial 4/21/56 Parkwood Co		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	emetery Parkville, 25. funeral director's signature	Maryland
DATE R 23 1956 26 M. Layrey	M'm Costi Inc 1217	St. Paul St.
	7	



CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived. If institution; Residence before pdmission) o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 126. d NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO [NAME OF 4. DATE Middle Yeor DECEASED DEATH 19.56 (Type or print) 7. MARRIED TO NEVER MARRIED T 9. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS. 6. COLOR OR RACÉ 8. DATE OF BIRTH lost burthday) Months Days Hours Min. DIVORCED | WIDOWED [7] yrs 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gove rise to immediate DUE TO cosse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 12: WAS AUTOPSY PERFORMED? YES NO I 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I at Port II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or fawn) Day, Year 20d. INJURY OCCURRED (County) (Stole) Hour a.m. factory, street, affice bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased fromthat I last saw the deceased from the causes and an the date stated above. alive on cod that death accurred at DRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIANT NAME (Type) 220. BURIAL CREMATION. 22b. DATE/THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fowp, or county) (Slote) REMOVAL (Specify) 44 to 6 me

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

ADDRESS

O VS A15 (4) 15M 9/SS

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should FUNERAL (

23 FUNERAL DIRECTOR'S SIGNATURE

DIRECTOR:

EAU V. E. SECEIVED

SA SAN AND SAN

DIRECTOR:

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O HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BILLEY N. R.

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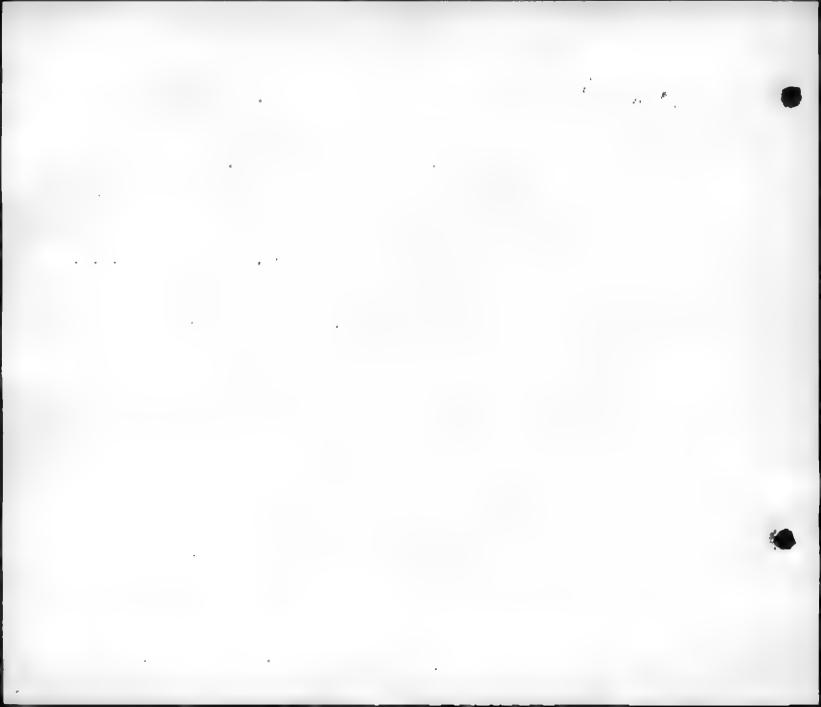
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W.	311		
2		NAME OF DECEASED Type or Print)	2. DATE
and	411	DOT PAPAGES OF ALL	OF 24 1 99 100
5 EX	والع	BLACK OF DEATH	THE TRANSPORT DEATH CURRY 47, 1756
PEN A		Dalith the fallicine (200)	4. USUAL RESIDENCE (Where deceased lived If institution : residence
clearly	: _^	Baltimore City Maryland T. Conco Farle	A. STATE B. COUNTY before admission)
	8 م	. FULL NAME OF (If not in hospital or institution, give street address or	- mei
POINT h clean	311 H	105PITAL OR Incetion)	
등 고 .	सारा	NSTITUTION AND L	
6 P. 4	5 H 🔿	6011 HOUVE TOAKE KEL	township)
death	-11-2-	a Data Table	() () () () () () ()
1 9 1	110	7 Yrs.	o. STREET ADDRESS (If rural give location)
4 OF		Mor	LALLAN ALL MILLAND
r USE A B, causes of		Length of stay in Baltimore Days	11 (D) 11 Jacks Trank Key
₹ ĭ	: 5	. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE (In year If Under I Year If Under 24 Hours
E 02 E	4	WIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours: Min.
USE	: 11	7 ~	70
5 45		OA. USUAL OCCUPATION (Givekindo) 108. KIND OF BUSINESS OR	
H OF	801		BIRTHPLACE (State or foreign country) 12. CITIZEN OF
the c	9		WHAT COUNTRY
Z 55		minusur	MAMPLE TOWN IS 101.
A TIP	1 1:	3. FATHER S NAME	3.00
0 3 c	2	0 1	14. MOTHER'S MAIDEN NAME
write RDS		Colore House House	
K BC	-	LANCE I CHANGE	
2 ہ ≥	1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. SOCIAL	17. INFORMANT
_ %C	II (x	es, so or asknown) (If yes, give war or dates of service) U SECURITY NO.	17. INFORMANT
please			manage and the state of all the and
please RECO			The state of the s
- · · · · ·	Н	18. 442X CAUSE	OF DEATH
2 8			ONSET AND DEATH
ia i		DISEASE OR CONDITION DIRECTLY	
	. []	(This does not mean the mode of dying, e.g.,	Thurion Cordio-vossely rend 5 +
20 100	[]	heart failure, asthenia, etc. It means the disease,	
		injury or complication which caused death.) Due To	
3 £0	11	injury or complication which caused death.) DUE TO	
7 T 🗅		ANTECEDENT CAUCES	
3		ANTECEDENT CAUSES	
		(B)	
Hier H	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************
6.5 C	10	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
		UNDERLYING CONDITION LAST.	
3 10	4	(C)	THE RESIDENCE AND ADDRESS OF THE PERSONS AND ADDRESS OF THE PERSONS OF THE PERSON
	0		
1 = 1	12.		
reful H T	RT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
H G	2	I TO THE DEATH BUT NOT RELATED TO THE	
	HU.	DISEASE OR CONDITION CAUSING IT.	
out		OR CONTRIBUTING I CAUSE OF ADDRESS TO ALL THE PROPERTY ACTOR OF TH	oldg.,etc.) INJURY OCCUR?
High File		DEATH (NOTIFY MEDICAL EXAMINER)	
on BE	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
OM		OF INJURY WHILE AT NOT WHIL	ECT
THE.		m. work L AT WORK	
information E MUST BI	11 1	22. I certify that (I) (this bosnital) attended the Jacob	ad from 13 40/16
EP		22. I certify that (I) (this hospital) attended the deceas	ed from
: 입물	1	19.3 (that (I) (we) last saw th	e deceased alive on
, E.T.		and that death occurred at 121 458m., from the causes a	and on the data data data also
			nd on the date stated above.
AT		23A. SIGNATURE 23B.	ADDRESS 23c. DATE SIGNED
1	1	Thomas W. Harris 40 1	
		M.D.	14:12.11.11.11 4-3057
라도		ATTENDING PHYS. & MED. DIRECTOR STAFF PHYS.	14 W. Burley
7 2		A. BURIAL, CREMA. 248. DATE 24-NAME OF CEMETER	Y OR CREMATORY 240. LOCATION ICity, town, or county) (State)
> 64	1110	N. REMOVAL (Specify)	L. I OB
e G	1	Swind may 4/956 denouls 7	Mario Perso (1/02) AVC.
Every item	DA		Carried Control to the second
H		TE RECEIVED BY REGISTRAT'S SIGNATURE	AS. FUNERAL DIRECTOR ADDRESS
23	4.0	0 - 6 1 11 11 11	M
			ALAMORTI DELL'AUDITE ALL INCLUSIONE DELL'AUDITE DELL'A
田	5	-3 36 (1. 11. HANGE	ALLENDER STATE OF THE PROPERTY

GERTIFICA	TE OF DEATH Reg. Dis	t. No
1. PLACE OF OEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	EO:
1. PLACE OF OEATH: COUNTY Anne Arundel Count MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF S	STATE Md. COUNTY	
CITY (If outside corporate limits, write RURAL CENGTH OF SOR and give nearest town) TOWN Rural - Arnold, Md. ?	CITY(If outside corporate limits, write RURAL OR TOWN Baltimore	and give nearest tow
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Grandview Ave.	STREET (If rural give location ADDRESS 924 N. Collington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Grandview Ave. 3. NAME OF (First) (Middle) DECEASED: (Type or Print) Mary Ellen Herbert 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DECEMBER OF COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OF THE COLOR OR TO SINGLE MARRIED. 8. DECEMBER OR	(Last) 4. DATE (Month) OF April DEATH:	7, 1956
	17 60, 1090 00 yrs.	Days Hours Min
Work done during most of working life. even if retired) HOUSOWITE OB. KIND OF BUSINES OR INDUSTRY:	Baltimore, Maryland U	SOUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Louis Hopper	Florence V. Carter	
15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) (If Yes, give war or dates of service) None	Mr. Curtis Herbert; 3507 Ju	neway -Z 1
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	idial infarction	INTERVAL BETWEE
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Lensure CUD	2
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING DEATH. 19A. OATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERA		
198. MAJOR FINDINGS OF OPER		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF OEATH OR CONTRIBUTING CAUSE OF OEATH OF INJURY street, office (If EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCU		nty) (State)
M, at work at work		
22. I hereby certify that I attended the deceased from alive on SIGNATURE SUCTOR (Jorch M)	ADDRESS M. O. 34 X E Ballo X 4 EMETERY OF CREMATORY LOCATION (City, town, g	stated above.
DATE REC'O BY LOCAL REGISTRAR'S SIGNATURE	1 24. FUNERAL DIRECTOR	AOORESS

John A. Moran-3000 E. Baltimore St.

DATE REC'O BY LOCAL



3616

CERTIFICATE OF DEATH

Reg. Dist. No. 24

-	I. PLACE OF BEATH	. OBOAL RESIDENCE (HOME) OF DECEASED
	COUNTY A)1)) = FILL SILL MARYLAND	STATE AD, COUNTY A
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (Il outside corporata limits, writa RURAL and give naafest town)
,	OR and give naerest town) TOWN (In this place)	TOWN RESTOR L STREET Hights
	HOSPITAL OR SE VEYN ALEN	ADDRESS . >(V'C V >) (if rural give location)
	STREET ADDRESS	ADDRESS . DE VERVEY 1-1 VE
	3. NAME OF (First) (Middle) (La.	st) 4. DATE (Month) (Day) (Year)
	(Type or Print) (FEO PICE)	DEATH April 15 1950
	5. SEX 6. COLOR OR 17. SINGLE MARRIED, 8. DATE OF BIR	
	A RACE , Specify DIVORCED, JLC /	S 3 yrs. Months Days Hours Min.
	10a, USUAL OCCUPATION (Giva kind of work done during most of working lifa, evan if OR INDUSTRY	B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
ì	national A day to the	COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unkin	11. the DVO
		Harrietta los 1,
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (N Yes, give war or dates of service)	Neice Friedel Trist
	(1 tes, (10, or unit.) (11 tes, give year or units of sacreta)	Saverous Herald
	18. MEDICAL CERTIF	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	MMEDIATE CAUSE (A) (1) LULLING LIZE	a Ederming.
	ANTECEDENT CAUSE(S) DUE TO	P 1/2
ı	DISEASES OR CONDITIONS, IF ANY, (B)	L /15/210/1496
	STATING UNDERLYING CAUSE LAST, DUE TO	1111
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	15 G(1) 12 1.10 0/2 12 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/
	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	
i	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO M
ı	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c.)	WHERE DID INJURY OCCUR? (City or town) (County) (State)
ı	OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.)	
ı	21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a, INJURY OCCURRED 21f.	HOW DID INJURY OCCUR?
	M. at work at work	
ı	22. I hereby certify that I attended the deceased from ACTO	19.5.1, to/5.ce.432,195 (That I last saw the deceased
		/ RO
	alive on 1. 193 and that death occurred at 1.	ADDRESS (Street, city, town, state) DATE SIGNED
5	BIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
3	- 170 21 11 / TOLLIMO. W.	2005 Mel 12/11/11/11/11/16/11/11/10
,	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREM	MATORY LOCATION (City, town, or county) (State)
3	Quel Conel 18,5% 00 Mayo	Canely (1 mapales 4
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2	5. FUNERAL DIRECTOR'S SIGNATURE
	DATE 4-17-56 7. 4 Solleha	HODENT FONERM HEITER
-	DAIR / / / / / / / / / / / / / / / / / / /	1.11 A. P. J. Conden

US VIZIDEIA

EUREAU Y. S.

TO FUNERAL DIRECTOR: The law require that the death certificate be filed

the registrar within 7.2 hours after dearn. After this in by the funeral director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 3617

03573

Reg. Dist. No....

- ÷	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
after he th	COUNTY A 1718 HOLD HARYLAND	STATE 1 D COUNTY A. A.	
hours ctor, #	COUNTY 1) 1) 19 MARYLAND CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give nearest fown)	
0 0	OR end give nearest town) (In this piece)	OR /34/V=5/340 6	
	TOWN AT MOLD, MD. 24x5.	TOWN TOPP CT. TE DO STELLY	
なが	HOSPITAL OR ISE LUCKEY (1)	STREET (If rurel give location)	
.5 To	INSTITUTION OR DE LA COPE Y CO	ADDRESS (1)	
within		1117,00	The b
	3. NAME OF (First) (Middle)	(Last) . 4. DATE (Month) (Dey)	(Yaer)
the	(Type or Print) 7 7 18 (11571KB ++)	DEATH - JAIL 27.	1956.
registrar	S. SEX 6. COLOR OR 7. SINGLE MARRIED 8. DATE OF	F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF U	INDER 24 HRS.
	RACE WIDOWED, DIWORCED, (Specify)		lours Min.
# .S .	1 (3)	.1 / 90/1 / () Au	
I.	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF COUNTRY)	
新華	retired) Housest for House (2.	103/10, Md. 14.5	
2	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
filed tely	1	Manil ST.	
Sign	HOBLIC KAWY WITHI	MARY STUPE	
ate be fil completel transit	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
# G	(Yes, no, or unk.) (If Yes, give wer or detes of service)	Dang Her. Miss Mil Dring How me	
维罗 国		La falledern AD. 16/2 / INTERVAL	BETWEEN
certificate t and con	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ND DEATH
4 2	1 (2 , 2)	2000	
death hysician	IMMEDIATE CAUSE (A)	176410XX 1.39C	
hys]	ANTECEDENT CAUSE(S) DUE TO 5	1 1 1 1 1 1 1	
on the	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	11. (11/12/11)	
	STATING UNDERLYING CAUSE LAST, DUE TO	15 1 3 1 1	
# 0 W	(a) (b) (b) (b) (c)	16 - NIL (CL) O / C - 17217	
law required by the attention of the deficility of the attention of the at	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
Z 0	DISEASE OR CONDITION CAUSING DEATH.		
2 4 B	196, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	2D. Al	TOPSY?
\$ > D		YES [но 🗌
The	21e. ACCIDENT WAS UNDERLYING ☐ 21b PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	Ic. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
44 43	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	TI, HOW DID INJURY OCCUR?	
2 발립	M. stwork stwork		
IECTOR:		2 11/1 20 17/	
been been	22. I hereby certify that I attended the deceased from	, 19, to hat i last saw th	e deceased
	alive on a land and that death occurred at.	M, from the causes and on the date stated above.	
AL Brifficat	SIGNATURE		E SIGNED
ERAL Democratification	- 35(M 2) - 7 /120 - 16 M.D.	XXXX 113/11/ 12 11 112	15
FUNERAL certifical h leath certifi	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR		(Stele)
FUNI Centific Beath AISC 1-3	REMOVAL/(SPECIFY)	and a street of and a street of a street o	(0.0.0,
0 198 22	Burial May 1, 1956 Moreland M	emorial Baltimora Md	
2 5	24. REC'D ST REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	
	DATE 5/2/56 L. J. Dellas	James et. Tubly	
	DAIR OF THE TOTAL	Kopping & Kirkley Glan Lines Md	

A DYNLIN

PERECENAL SERVICE

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the legistrar lithin certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

MI Mouns after death. After this director, the third copy of this

within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3618 CERTIFICATE OF DEATH

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U	20	4	I
		,	

Reg. Dist. No.

	1. PLACE OF DEATH	2. DAMAE GRADOWITE THOWAT OF DECEMBER
	COUNTY (In no Ahum del MARYLAND	STATE THIS YELL COUNTY anne arundel
	CITY (Il outside corporele limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
	OR end give nearest town) TOWN (In this place)	TOWN JERSUR
	HOSPITAL OR	STREET (If ruret give location)
	INSTITUTION OR	ADDRESS
	STREET ADDRESS	
	3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Day) (Year)
	(Type or Print) Gradul Sedonia	Stood DEATH 4 12 1956
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF WIDOWED, DIYORCED,	
	turale White (Specify) Wildow Our	Leb 16 1867 88 yrs. Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 1	11. / BIRTHPLACE (State or Joreign country) / 12. CITIZEN OF WHAT
4	done during most of working life, even if refired)	Frederick to. 19 00 a
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME.
	William a. Shipley	Catherine E. towter
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SEQURITY NO.	17. INFORMANT & ADDRESS
	(Yes, so, or unk.) (It Yes, give war or detes of service)	Mrs Toharles heard, Jessup MA
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	Collan Man	en en al les man
	MMEDIATE CAUSE (A)	
	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	al arterior deres 5 4/2.
	GIVING RISE TO THE ABOVE CAUSE	7:00
	STATING UNDERLYING CAUSE LAST, DUE TO	miles tags 57/10
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	the state of the s
	DISEASE OR CONDITION CAUSING DEATH.	
1	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20, AUTOPSY? YES NO (
	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Jerm, Jectory, 21	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 2	III. HOW DID INJURY OCCUR?
	M. et work Li et work Li	
	22. I hereby certify that I attended the deceased from	, 19 56, to 12/2/2, 1957, that I last saw the deceased
I	alive on 12/2, 19 2, and that death occurred at	M, from the causes and on the date stated above.
No.	SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
55 1	12 12 recontrary M.O.X	og Main 2 Shrane 27 Wed 1/3/2
÷	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	LOCATION (City, town, or county) (SING)
A15	Burial H/15/56 Think 5	hove Mt/um, my
2	24. RECID BY REGISTRAR REGISTRAR'S SIGNATURE	25. EUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE CLARK Mislum.	Sutten A Housetet - Na beaute 700
		The state of the s



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	3619 CERTIFICATE OF DEATH Reg. Dist. No. 93575
director	1. PLACE OF DEATH a. COUNTY ANN ARUNDEL MARYLAND 2. USUAL RESIDENCE (Where deceased lived the institution: Residence before admission) b. COUNTY BALTO
funeral funeral	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) C. ROWS VILLE 12 MOS. BALTIMORE
by the fund 2 should	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CROWS VILLE STATE HOSP. BAKER + PENN, AVENUE ON A FARM? YES NOTE
Iled in	3. NAME OF DECEASED [Type or print] ROBERT M. JACKSON 4. DATE Month Day Year OF DEATH APRIL 20 1956
s. Page	5. SEX ATALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED S. DATE OF BIRTH Output OUTPUT S. DATE OF BIRTH OUTPUT OUTPUT S. DATE OF BIRTH OUTPUT OUTPU
rd complete to be	10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) UNEMPLOYED 12. CITIZEN OF WHAT COUNTRY UNEMPLOYED 15. CITIZEN OF WHAT COUNTRY UNEMPLOYED
ician ar e carbo	13. FATHER'S NAME ROBERT JACKSON 14. MOTHER'S MAIDEN NAME
itending physiciple see remove within 72 havrs	15. WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no. or unknown) (If yes, give wor or doles of service) ACCURATE TO THE PROPERTY NO. 17 INFORMANT Address ACCURATE TO THE PROPERTY NO. 10 INFORMANT ADDRESS NO. 10 INFORMANT ADDRESS NO. 10 INFORMANT IN
he attending the please in the	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY TUBERCULOSIS INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
igned by the permit. I do in any ev	Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying cause lost. (b)
physician us been a al-transit aval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIDI 19, WAS AUTOPSY PERFORMED? CNS LUES; CHRONIC BRAIN SYND. ASSOCIATED & ARTERIOSCLUR YES NO PERFORMED?
ending ficate h the bur	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]
on an are as as a marion	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. P. m. 19 Of work of wor
y the pit	21. I certify that I attended the deceased from $4 - 19$, 1955, to $4 - 90$, 1954, that I last saw the deceased alive on $4 + 1950$, 1954, and that death accurred at $4 + 1000$ M, from the causes and on the date stated above.
i b M d io	ACTUAL SIGNATURE WEIGHT M. Calonfled J. M.D. CROWNS VILLE, MD. 4-21-5
erinal. Vereining in the serving is should gistrar pr	PHYSICIAN'S EVERETT W. CADENHEAD. JR. CROWNS VILLE, MD.
may by 10 FUNI by page 3 the reg	220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) (State)
VS A15 (4) 15M 9/55	240, REGISTRAR 240, R

BUREAU V. S.

MEGELL L. L. SEL DES AND SELECTION OF THE SELECTION OF TH

	olemly filled in by the funeral director,	ched far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with	
	cample	papers.	acth.
	r this certificate has been signed by the attending physician and cample	mave carbon	urial cramation or removal, and in any event within 72 hours after death.
	attending	n please re	within 72
	쁖	The	event
	igned by	permit.	In any
TOTAL CALL SELECTION	te has bile is	burial-transit	removal, and
STATE OF THE STATE	this certifica	or use as the	ramation, or
1	filer	ched fo	urial. c

3569 CERTIFICATE OF DEATH Reg. Dist. No. 21 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY o. STATE **b** COUNTY MARYLAND Anne Arundel Md. A.A. Vo. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Annapolis. Md. Annapolis d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Maryland Ave. 64 Maryland Ave. YES NO 1 NAME OF First Middle 4. DATE Month Day DECEASED DEATH (Type or print) AMY JEWELL April 30 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours WIDOWED K DIVORCED T yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? U.S.A. None None Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jachob E. Popham Margaret A. Nayden 15 WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Frank Jewell 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (of life of oh, I **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cosse (o), stoling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) MEDI Hour p. m. While Not while at work of work 21. I certify that Lattended the deceased from 6that I last saw the deceased M, from the causes and on the date stated above. olive on and that death accurred at ADDRESS (Street, city.or ACTUAL SIGNATURE FUNERAL DIRE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or county) (State) REMOVAL (Specify) Annapolis, Annes Md. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Year

19 56

NO

(Stote)

BUNLAU V. S.

MEANTO SIN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03577

3620

CERTIFICATE OF DEATH

Reg. Dist. No. 23

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY A A MARYLAND	STATE COUNTY 1 for	
	COUNTY A MARYLAND CITY (If outside corporate fimits, write RURAL LENGTH OF STAY	CITY (Ill outside corporete fimils, write RURAL and give nearest town)	
	OR and give neerest town) (in this place)	OR +	11
	TOWN LINTHICKIN I Cha	TOWN /1/1/2 / 1/1. TV.	71
	HOSPITAL OR	STREET (If rurel give location)	
	INSTITUTION OR STREET ADDRESS 30/ 30 000	ADDRESS A A A A A A A A A A A A A A A A A A	× , .
	So Gallata Wil-		
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey)	(Year)
-	Trung or Print) AA	STIPPE DEATH COLO 25	
1	THUTTE VENETY WAS	A TACE N TO THE	19 3 6
	3 PACE WIDOWED DIVORCED		IF UNDER 24 HRS
	(Specify) Wilow Ich	2 - 1880 76 yrs. Months Days	Hours Min.
	10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT
_	done during most of working life, even if OR INDUSTRY	CQUNTI	
1	retired) NEWQ	Chechos Powaker US	A
	13, FATHER'S NAME	MOTHER'S MAIDEN NAME	
	Vordricta	Cinna	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
	(Yes, no, or unk.) (If Yes, give wer or detes of service)	and the Ko	
Ì	No	Junio Orace allena	2: Y-10-12:
i	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		VAL BETWEEN
			floor in
	MMEDIATE CAUSE (A) Cordo - 1/asc	test of Palace T	0000
	ANTECEDENT CAUSE(S) DUE TO		T .
	DISEASES OR CONDITIONS, IF ANY, (B)	relector 10	ign
	GIVING RISE TO THE ABOVE CAUSE		/
	STATING UNDERLYING CAUSE LAST. DUE TO		
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		
,	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	_	AUTOPSY?
		YES [□ NO [∑]
		RIC. WHERE DID INJURY OCCUR? (City or lown) (County)	(Stete)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)		
		21f. HOW DID INJURY OCCUR?	
	White Not while		
	M. et work L et worl/ L		
	22. I hereby certify that I attended the deceased from 1/52	19 56 , to 4/I , 19 6 , that I last saw	the deceased
Н	alive on 4/1-3 19 32 and that death occurred at	1.45 RM, from the causes and on the date stated above.	
	CIGNATURE A		ATE SIGNED
≧	100 1 13 10	0, 1 1/1	HOMEL
2	Chas, & Sall . M.O. X	sullieaun 7/2	3/16
,	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (CIty, Jown, or county)	(State)
ň	4-28-56 (EVA	theel half	
5	24 DECID BY DECISION AND A DECISION AND SECONDATION	Las Haven a paravonis contavias	
	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	/
	part Atr Caldwell Hardruff	Al collin it a star a	for and a
	All Carrier III		



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death.

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A15C 1-55 10Mh

this this

72 hours after death. After director, the third copy of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 3622

03579

Reg. Dist. No. 27

1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF D	ECEASED	
COUNTY Anno Arundel MARY	LAND	STATE Arkan	Bas COUNTY	Mississi	mmi
CITY (If outside corporete lymits, write RURAL LENGTH	OF STAY		porete limits, write RURAL e	nd give neers town	PDT
OR and give nearest town) (in this	plece)	OR	_		
TOWN Fort G. G. Meade, Md. 3 N	onths	USCO			
INSTITUTION OR		STREET ADDRESS	(If rurel giv	re location)	
STREET ADDRESS U. S. Army Hospital		510	Johnson		
3. NAME OF (First) (Middle)		(Lesi)	4. DATE (Mon	ith) (Day)	(Yeer)
(Type or Print) WALTON EUGENE	JC	HNSON, JR.	OF DEATH	Laurett C	
S SEX 6. COLOR OR 7. SINGLE, MARRIED.	8. DATE OF		9. AGE lest birthday	April 8	19 56 JIF UNDER 24 HRS
RACE WIDOWED, DIVORCED.				Months Days	Hours Min.
Male White Specify Married		c 1927	28 yrs.	0.7,	1
tioe. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	fS\$	11. BIRTHPLACE (State or fo	reign country)		N OF WHAT
retired		Amlanaan		COUN	•
Soldier U.S. Arm	y	Arkansas 14. MOTHER'S MAIDE	NAME	,	ISA
		,		•	
Walton Eugene Johnson		Laura	Dri ver		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE (Yes, no, or unk.) / (If Yes, give war or detes of service)	CURITY NO.	17. INFORMANT &	ADDRESS WITTE	Mary John	າຊດກ .
Ves 1948 - 1954 Unk		112 Tours	se Terrace. C		
19. M	EDICAL CER	TIFICATION	d Telerated	NIE	RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ON:	SET AND DEATH
IMMEDIATE CAUSE (A) COPODARY th	rombasis			Tentr	adiata
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B) Arterio scl	arctic h	eart disease		2 7	ears
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO					
(C)					
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
196 DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	DN			20	D. AUTOPSY?
				YES	
21e. ACCIDENT WAS UNDERLYING [21b. PLACE (Home, ferm, fector	огу, 2	Ic. WHERE DID INJURY OCC	UR? (City or town)	(County)	(State)
OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bidg., e	ic.}				
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJURY OC		III. HOW DID INJURY OCC	UR?		
	Not while				
		6	A27		
22. I hereby certify that I attended the deceased from.					
	occurred at.	1945M, from the			e.
SIGNATURE COORTHEU	The -	. AD	DRESS (Street, city, town	n, stete)	PATE SIGNED
ROBERT KURTH, CAPT., MC	M.D. FO	rt George G.	Meade, Md.	8 Apr	11 1956
23. BURIAL, CREMATION, DATE THEREOF NAME OF	F CEMETERY OR !	CREMATORY	LOCATION (City, town	n, or county)	(Slete)
REMOVAL (SPECIFY) 4/15/56 / 1712	Osceol	A, HKK,			
Burial 24. REC'D BY REGISTRAR REGISTRAP'S STANATURE		1 25 FINISPAL DIDECTOR	S SIGNATURE	rkansas. ADDRESS	
	3000				
DATE 10 April 56 W. L. SAYDOR, IST L	T. MSC	Linklay Kung	mal Home . Gl.	on Burnio	164

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



	MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18	03500/
	3625 CERTIFIC	ATE OF DEATH Reg. Dist.	No.
1.	PLACE OF DEATH G. COUNTY H MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution- Residence o. STATE b. COUNTY F. F.	before admission)
* ***	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) TOROGYLYN	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	5301 BALLMAN AVE	e IS RESIDENCE ON A FARM? YES NO
3	NAME OF First Middle DECEASED (Type or print) L L F	Lost 4. DATE Month OF DEATH 4 - /	Day Year 2 - 19.5-6
	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8 DATE OF BIRTH (C = T. 20-18 & C 75 yrs. 5 2	EAR IF UNDER 24 HRS
1/10	b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)		N OF WHAT COUNTRY?
13	FATHER'S NAME GEORGE SOUDERS	LOUISE METZGER	
	the man and undergraph of the man and an all the man and all t	INFORMANT Address ECREEF. SERDAN ARC	CE
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: DUE TO	e maybre	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stoting the under DUE TO	in in pulmony ide-	
OFFICE		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	o) 19. WAS AUTOPSY PERFORMED? YES NO
CESTI	206. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I ar Part II of item 1B)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a. pt. 19 While of work at work	PLACE OF INJURY (Home, farm, 20f. (City or town) (Cau octory, street, office bidg., etc.)	nty) (State)
	21. I certify that I attended the deceased from 4 alive on 1 - 11 , and that dea	th occurred at $\frac{9}{12}$. At the causes and on the	t saw the deceased date stated above.
/	ACTUAL SIGNATURE ECESENC. Shuits.	ADDRESS (Street, city or town, state) _S. 9.0 Y. S. F. Evry	DATE SIGNED
	PHYSICIAN'S EUGEND SCH	NiTZER	
	TOCKIAL IN TO THE LITTER	OR CREMATORY 22d. LOCATION (City, town, or county) LUN EASTERN BLV	D FID
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS FLORY J. Consolely 3500 Dans	240, REC'D BY REGISTRAR 246. REGISTRAR S SIGNI	helian

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the impistrar within 7. Immes after death. After this in by the funeral director, the third copy of this

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 3626

Reg. Dist. No. 21

03583

1. PLACE OF DEATH		***	2. USUAL RESIDENCE	CE (HOME) OF DECE	ASED
county Anne Arundel	MARYLA	AND	state Marylan	d county A	Anne Arundel
CITY (if outside corporata limits, writa RURAL	LENGTH OF	STAY	CITY (If outside corpora	ste fimits, write RURAL and giv	ve nearest town)
OR and give neerest town) TOWN Editions to the control of the cont	(in this pla	VI'S	OR TOWN Rd	ewater	
HOSPITAL OR		J	STREET	(Il rural give loc	ation)
INSTITUTION OR COLUMN TO THE TIME			ADDRESS		
				y Home	
3. NAME OF (First) DECEASED	(Middle)		(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) STEVE			KAPOYLAS	DEATH APRIL	L 21 19 56
5. SEX 6, COLOR OR 7. SING	GLE, MARRIED,	8. DATE C		. AGE last birthday IF L	UNDER 1 YEAR IF UNDER 24 HRS.
/Cna	OWED, DIVORCED,	?	. ? .1885	777 Yrs. Mor	nths Days Hours Min.
Male White 100. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS		11. BIRTHPLACE (State or foreign	(<u>T</u>	12. CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY	ĺ	II. BELLITANCE (SIBIR OF FOLKING	11 0001111 / 1	COUNTRY?
retired) none	none		Greece		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Unknown			Unknown		
15. WAS DECEASED EVER IN U. S ARMED FORCE	S? 16. SOCIAL SECU	RITY NO.	17. INFORMANT & AL		Conduit St.
(Yes, no, or unk.) (If Yes, give wer or datas of sarv			14. O4 TO		
no i no	none		RTIFICATION	undas, Friend	Annapolis Mc
I DISEASES OR CONDITIONS DIRECTLY LEADING T	TO DEATH	JUNE CEI	TIFICATION		ONSET AND DEATH
` fMMEDIATE CAUSE (A)	Maems	u_			7 Oly
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	Chr.	high	ntro		yro.
(C)					
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	3 *				
	FINDINGS OF OPERATION				20. AUTOPSY?
					YES NO
218. ACCIDENT WAS UNDERLYING 216. PL OR CONTRIBUTING CAUSE OF DEATH OF INJU- (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Home, farm, lactory JRY streat, office bldg., etc.)	i	21c. WHERE DID INJURY OCCUR	(City or town)	(County) (Stala)
21d. TIME OF (NJURY (Month) (Day) (Year) (H	While Not	RRED while pork	21f HOW DID INJURY OCCUR	7	
			21/ /	1101 17	
22. I hereby certify that I attended					hat I last saw the deceased
alive on 195.0	, and that death of	occurred a	IA.M., from the ca	uses and on the date	stated above
Maurie Wlan	yhne	M.D.	Emney.	ESS (Straet, city, I wan, sta	W 2 2/56
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BLTISI ADDIT	m r/c n - 2		CREMATORY f Cemetery	Annapolis	
24. REC'D BY REGISTRAR REGISTRAR		1 2211	25. FUNERAL DIRECTOR'S S	4 /	ADDRESS
DATE 4/23/56	1) Jan	cl	HOPPING FULL	June 1	NAP LIS, MD.

PUPLAU V. E.

~ N3 A9A

DECENTED

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3627 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03554

Reg. Dist. No.

	PLACE OF DEATH O. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATEMATYLAND b. COUNTY								
	b. CITY OR TOWN 1 outside corporale limits, write RURAL C. LENGTH OF STAY IN 16					c. CITY OR YOWN (If outside corporate limits, write RURAL and give negrest town)								
	ond give recrest town) Glen Runnie			2 hrs.	Baltimore									
	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)					d. STREET ADDRESS e. IS R						ESIDENCE		
i .	Marley Neck Pd.					605 Annabella Ave.						YES NO K		
	NAME OF DECEASED	Fir		Middle		Los	1	4. DATE Of	Mont	h	Day	Y	ear	
-	(Type or print) Frank Preston Krug				DEATH April 29			29						
5.	EX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 8.													
	М.	W.	WIDOWE			/29/39			17 yrs.	Months	Doys	Hours	Min.	
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZI									ZEN OF	TEN OF WHAT COUNTRY?			
	Inhorer					Beltimore, Md. U.S						3.A.		
13. FATHER'S NAME														
	Frank Mi	chael Krug		Elizabeth Fletcher										
15. (Ye	WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address													
'L		No			My	and Mrs	s. F.1	4.Krue	(Parent	87				
Г	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]									INTER	INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: Electrocution by high tension electric wire.									Sudden				
	141 U DUE TO													
	Conditions, if any, which } [6]													
	(o), stoting the underlying DUE TO													
	couse last. (c)													
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19 WAS										PERFO	AUTOPSY RMED?		
CERTIFICATION											ì	ES 🗍	NO 🚺	
RTE	20g. EXTENDIAL CAUS	SE WAS TRIBUTING	b. DESCRIBE	HOW INJURY OCCUR	RED. (Ent	er nature of in	ifury in Port	l or Part II	of irem 18.)					
	CAUSE OF DEATH.			up a poll						to wto	reg.			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)							(Cor	inly)		(alot2)				
Hour o. m. 4.50 p. m. While Not white of work														
								and f	find that					
								cause 🔲].					
	1 - NOTO 1 Dall													
ACTUAL SIGNATURE A LOCAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [DATE SIGNED					
	41	ustove H.F	aubar	t. M.D		DEPUTY	MEDICAL E	XAMINER-	1/2	9/56				
220	BURIAL CREMATION	N. 226. DATE THEREC		22c. NAME OF CEMETE	RY OR CI	REMATORY		22d. LOCA	TON (City, Lown,	or county)		(Stote)	
	REMOVATER TY)	5-3-56		Hely C	ress	Com.		ORT	te., Ma.					
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'E	BY REGIST	RAR 245. REGI	STRAR'S SIC	SNATUR	Enn		
	MeCully !	Funeral Ke	MO.	130 E. Fer	t Ave		DATE 4	12/10	5 Z.	E DE	11	lex	¢	

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MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles Street, Baltimere

3628

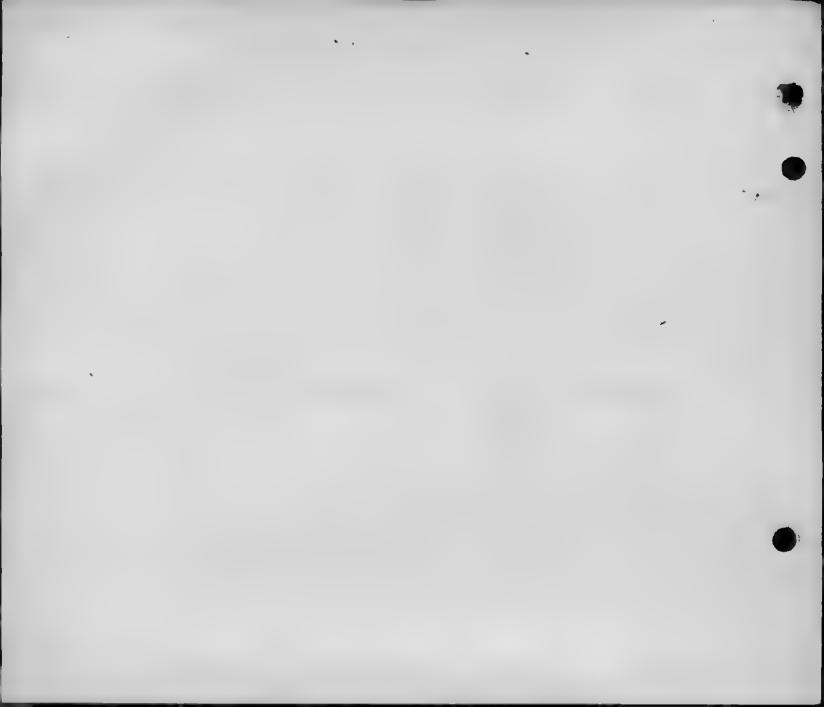
CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEATH COUNTY	nneArund&l			(HOME) OF DECEASED	Ο Δ Δ			
		MARYLAND	Hary	Land	21 + 22 -			
OR give nearest	rporate limits, write RUR.	AL and LENGTH OF STAY (in this place) I VI'S.	OR A	orate limits, write RURAL	and give nearest town)			
HOSPITAL OR	Arnold	10 yrs.	TOWN APRO	(If rural, give locat	(an)			
INSTITUTION OF	. Shore Ac	res	ADDRESS Shor		100)			
STREET ADDRES	(First)	(Middle)	(Last)	1 4. DATE (Mont	b) (Day) (Year)			
DECEASED (Type or Print)	HENRY	may 1	LONG	OF Apri				
5. SEX	6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE last birthday If	under I year (If under 24 hr)			
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify S. 1 ng 1 e	Oct.30.1882	73 yrıı. M	onths Days Hours Min			
10a. USUAL OCCUPA	TION (Give kind of work	10b. KIND OF BUSINESS OF	11. BIRTHPLACE (State		12. CITIERN OF WHAT			
contrac	ting life, even if retired)	self-employed	Baltimore	, Maryland	COUNTRY! USA			
13. FATHER'S NAM	2		14. MOTHER'S MAIDE					
	hn Long		Eliza					
(Yes, no, or unknown)	ER IN U.S. ARMED FORCES (If yes, give war or dates	of	17. INFORMANT ANI		Yan Danisan - Cidas and A			
no	service)	none	Mr.Wm.J.Sel	<u> </u>	ludson Street			
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN			
I. DISEASES OR CO	NDITIONS DIRECTLY				ONERT AND DEATE			
Immediate cause Congestive Heart Failure								
			ular Nanhrit	is	??			
Antecedent cause(s) Chronic Glomerular Nephritis								
giving rise to	the above cause	Hypertension		# 1990	0.0			
and the m	(c)				3.5			
II. OTHER SIGNIFIC	CANT CONDITIONS							
	ting to the death but not se or condition causing deat	th.						
19a. DATE OF OPER	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?			
					Yes No			
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OF	TOWN) (COL	NTY) (STATE)			
HOMICIDE	(Day) (Year) (Hour)	JRY I INJURY OCCURRED	HOW DID INJURY O	CONTRACTOR				
OF		While at Not While	HOW DID INJUKE O	CCORI				
INJURY	D ,	Work At work	!					
22. I hereby cogar	that I attended the	e deceased from March	121956 to Marc	h309.56, that I	ast saw the deceased			
alive on Manch 30 1956 and that death/occurred at 6.2. A m., from the causes and on the date stated above.								
SIGNATURIL	I de	(Degree of title)	ADDRESS	is cruses and on the di	DATE SIGNED			
T. G.		T.B.	Arnold, M	hee Iveal	April 3/56			
		·	RY OR CREMATORY					
23. BURIAL, CREMA REMOVAL (Speci	(y)			LOCATION (City, town, or				
DATE REC'D BY I	OCAL REGISTRAR'S		Centery 24. FUNERAL DIRECT	Raltimore.	Maryland			
REG.	651 /1/1	Station !	H. SANDER &	SONS, INC.	1 A Amelia			
2/3/11/0/17	26 11 1111.	CYCE CALLERY	Baltimore,	Haryland /	e / / dunner			

e correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



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DECENTED

,					MENT OF HEALT)RE, 18	3	03588
=		30	30.	CERTIFIC	CATE OF DEAT			Reg. Dist. N	No. 28
1	o. COUNTY			MARYLANI	2. USUAL RESIDENCE (V	Where deceased lived, b.	If institution COUNTY	: Residence be	efore admission)
	b. CITY OR TOWN	(If outside corporate lim	its, write c	LENGTH OF STAY IN 1	Maryland	f outside corporate limi	s write RUI	RAL and give	nearest town)
	RURAL ond give	negrest town)			Baltimore		Tag William No.	wie one give	
1/2	d. NAME OF HOSP	ITAL (If not in hospital,)	give street add	(ress)	d. STREET ADDRESS	0203			e. IS RESIDENCE
C		State Hos			1936 W.	Lexington S	it.		ON A FARM?
3.	NAME OF DECEASED (Type or print)		_{nt} nk McEa	Middle Achin	Last	4. DAYE OF DEATH	Month		Day Year 1956
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE	[In yeors 1	FUNDER 1 YE	AR IF UNDER 24 HRS
	Male	Negro	WIDOWED		?	75	yes	Months Doy	rs Hours Min
10	during most of wo	ION (Give kind of work orking life, even if retired	done 10b. Kil	ND OF BUSINESS OR IN	OUSTRY 11. BIRTHPLACE (Slot	te or foreign country)		12 CITIZEN	OF WHAT COUNTR
L	unemplo				N.C.			US.	A _
113	. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
J	ack MeEac	nin			Flora	?			
112	es, no, or unknown)	ER IN U. S. ARMED FOR	RCES? 16. SQ service)	CIAL SECURITY NO. 17	. INFORMANT		Addres	is	
-	unknown			1.	Hospital r	ecords			
	1	EATH (Enter only one co		or (a), (b), and (c).]				011	NTERVAL RETWEEN
	4737	ATH WAS CAUSED BY: IMMEDIATE CAUSE (spiratory ir	sufficiency				undet.
J	1 ' ' - '	DUE TO							
	Conditions, if	immediate 1		monia				,	undet.
	couse (a), stating								
Z		- 3	IDITIONS CON	TRIBUTING TO DEATH E	UT NOT RELATED TO THE TER	MINAL DISEASE COND	TION GIVEN	N IN PART 1(o)	19 WAS AUTOPSY
CERTIFICATION	Dt had	herniorhan							PERFORMED?
	20a ACCIDENT W	AS UNDERLYING TO	20ь. DESCRI	BE HOW INJURY OCCUP	RED. (Enter noture of injury in	Port I or Port II of ite	m 1B.)		1
		G CAUSE OF DEATH Y MEDICAL EXAMINER							
MEDICAL	20c. TIME OF INJU		or 20d. (NJU		PLACE OF INJURY (Home, for foctory, street, office bldg., e	rm, 20f. (City or town)	{Count	ty) (Stote)
A P. F.	p. m.	18	of work	Not while of work	Total of the control				
П	21. I certify t	that I attended the	deceased	fram Jan]	8, 1986 , la	April 28.	569	that I last	saw the decease
	alive on	/28/56	12	, and that dec	th occurred at 8:45	PM, from the c	auses an	d an the c	date stated abov
П		2- 011	1/1/10	11		ADDRESS (Street, city			DATE SIGNI
	ACTUAL SIGNATURE	29 W. W. K. J	1/61	aller	_M.D	Muses//c		Lot	1105/1/2
	PHYSICIAN'S NAME (Type)	_Compoll N	exten_	_MD		//	Ma	elle	and.
77	O. BURIAL, CREMATI	ON, 22b. DATE THEREC		2c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (C)	y, towg, or	county)	(Stote)
	REMOVAL (Specify	a may	2-57	Wilson	- Charles	anelen.	n.	000	
23	FUNERAL DIRECTO	R'S SIGNATURE	7	AODRESS	1 20 240. REC	C'D BY KEGISTEAR	46. REGISTI	RAR'S SIGNAT	TURE
	11/11/11	William	21/	03h; B	DATE	2/3/14	de.	1/4.	+mice.
									1 1 15

British A. B.

VS A15C 1-55 10M

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3631 CERTIFICATE OF DEATH

			Reg. D	ist. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE	(HOME) OF DECEA	BED
COUNTY AA	MARYLAND	STATE Md.	COUNTY	AA
CITY (If outside corporate timits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate	limits, write RURAL end give	neerest town)
Millersville	6 weeks	town Glen	Burnie	
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If cural giva locali	on)	
STREET ADDRESS Sanns Nursing Ho	ото		heresa Street	
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Tampo on Dries)	imma Mo	Lane	DEATH ADY	11 77 1056
S. SEX 6. COLOR OR 7. SINGLE, MAR	RIED, 8. DATE C	F BIRTH 9.	AGE last birthday IF UN	DER 1 YEAR IF UNDER 24 HR
RACE WIDOWED, D	lowed Now.	16, 1877	78 yrs. Month	s Days Hours Min
10a, USUAL OCCUPATION (Give kind of work 1 10b, K	ND OF BUSINESS	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT
	R INDUSTRY Home	Virginia		USA.
HOUSEWILL OWIL	Mone i	1 14. MOTHER'S MAIDEN NA	WE	0.031
			Jeffries	
Nathan Longest 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT & ADD		
No. 1 At V. Stranger and Advantage and Advan				mnia Md
no none la	18. MEDICAL CER	4 B Carl W. Mc	Dane, Gran Do	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	IO. MEDICAL CRI	HIPICATION		ONSET AND DEATH
IMMEDIATE CAUSE (A) Hy	pertensive Vas	cular Diseases		2 у.
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE DUE TO				
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,				
190, DATE OF OPERATION 196, MAJOR FINDING	OF OPERATION			20. AUTOPSY?_
				YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Ho OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, (IF EITHER, NOTIFY MEDICAL EXAMINER)	na, farm, factory, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21	INJURY OCCURRED	21f. HOW DID INJURY OCCUR?		
M. (a)	work 🔲 at work 🔲 📗			
22. I hereby certify that I attended the dec	eased from Febr	uary 44 to Apri	11 17 1956 the	at I last saw the decease
alive on 4/16/56, 19, an				
SIGNATURE A	V.		55 (Street, city, town, state	
Gerstool Not all hir Chi	M.D. G	len Burnie Md.		1/18/56
23. BURIAL, CREMATION, PATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	OCATION (City, town, or co	unity) (State)
Print 1 4/20/56 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	Glen Have	n Memorial	Glen Burnie	Md -
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR		25. FUNERAL DIRECTOR'S SIG	NATURE TO BO	ADDRESS
DATE) 2 1050 04.17.4	yeep	Jones S. kirk	ey. Glen bur	de. Md.
1 1 2 3 3 3 3 3 7	V	7		

SAM P

1	MARYLAND STATE DEPAR	TMENT OF HEALTH—BALTIMORE, 18 03550
1.	3571 CERTIF	ICATE OF DEATH Reg. Dist. No. 21
de de la companya de	1. PLACE OF DEATH o. COUNTY MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)
funerol ()	b. CITY OR TOWN (If outside corporate limits, write RVRAL ond give nearest town)	The c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
by the	d. NAME ON HOSPITAL (If not in holpital, give street address) OR MSTITUTION I FREE COL	248 Prince Lo St. e is residence ON A FARM? YES NO D
es 1 on	3 NAME OF DECEASED (Type or print) POLAND Middle	MEDFORD ADATE Month Day Year OF DEATH 4- 25 1956
completely fills	5. SEX 6. COLOR OR RACE 7. MARRIED INEVER MARRIED WILDOWS DIVORCED DIVORCED	1 Mar. 21-1897 5 9 yn Months Days Haurs Min.
the At	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even Regulard) 7	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ie 8 4	Mickleson E. Millind	Medara Chambers
ng Elysici e remove 72 hours	15. WAS DECEASED EVER IN U. S ARMED FORCES? (You no, or unknown) (If you, purposer doing of farmer)	17. INFORMANT Giva () Medford (2)
ottendi n pleas	PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE [a) (c).]	interval between onser and death
The cven	DUE TO	
gned by permit. in ony	Canditians, if any, which gave rise to immediate cause (a), stating the <u>under</u>	
cion. en si onsit	lying cause last. (c) (c)	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
pllysics line in its line in i	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAL	PERFORMED? YES NO D
ficate h	OR CONTRIBUTING CAUSE OF DEATH	CURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
at or of this cert r use as emotion	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while at work at work	Oe. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (City or tawn) (Caunty) (State)
of G ra	21. I certify that I attended the deceased from 2	March, 1934, to A.S. Cifetel, 1930, that) last saw the deceased
oy the detach to buri	alive on 35 (for the 18), and that of	leath occurred at 3/4 / M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
NEC DIRECTOR	SIGNATURE CALLARY SE SELECTION	_ M.D. H. storish got Cin Champs & Bup.
RAL Shaul	PHYSICIAN'S NAME (Type)	***************************************
D FUNER Poge 3 s The regis	220 BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMET 4-28-56	ines Consupoles Ma
VS A15 (4) 15M 9/55	John M. Scrifer Soms Company	Phis Mid DATE 4-30 1436 1 COUNTRAL'S SIGNATURE
	V	1//

DECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death, certificate be executed within 24 hours after death.

The bottom copy may be retained by the hospital or attending physician.

CERTIFICATE OF DEATH

r this	,	MARYLAND STATE DEPARTMEN	IT OF HEALTH-BALTIMORE, 18	03591
ıfı. After co≣y of		CERTIFICATE	OF DEATH	
(0)	35	572 CERTIFICATE		it. No
₽ <u>÷</u>	1. PLACE OF DEATH	O 10	2. USUAL RESIDENCE (HOME) OF DECEASE	Parent
	COUNTY COUNTY CITY (If outside corporate I me	uts, water RURAL LENGTH OF STAY	STATE COUNTY C COUNTY C COUNTY C CITY (If outplier corporate liquis, write RURAL and give no	CL &
72 hours director, If	OR and dive necrest towns	(In this place)	TOWN Shadesaide	
within 72 funeral dire	HOSPITAL OR INSTITUTION OR STREET ADDRESS	i. General Noop.	STREET (Il rurel give location	٠
strar wi	DECEASED (Type or Print)	Baby (Middle) MA	alley DEATH 34	(Dey) (Yeer) -/4 1956
the registrar in by the	Mule CRAFE	(Sperity) WIDONCED,	F BIRTH 3 9. AGE lest birthday IF UNDI	Deys Hours Min
od with the y filled in permit.	10e, USUAL OCCUPATION (Give k done during most of working retired)	ind of work ind of susiness or industry	11 ARTHPLACE (State or foreign country) Why about Md1	2. CITIZEN OF AVHAT
3 × 2	13) FATHER'S NAME	Tractor	14. MOTHER'S MAIDEN NAME Mell	w
C (1)	15. WAS DECEASED EVER IN U. S (Yes, no. except.) (Il Yes, give w	S ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 3 Lag by Porands	
certificate t and con a burial h	DISEASES OR CONDITIONS DIR	ECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
ath cian as	/ IMMEDIATE CAUSE	(A) frauno	na	
e de ohysi use	ANTECEDENT CAUSE(1 - 2 - 1	turity	
# Pr	GIVING RISE TO THE ABOVE CA	AUSE		
requires that he attendir s detached	ET OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN	ED TO THE		
w red	198. DATE OF OPERATION	196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
The shou	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH OF INJURY street, office bldg., etc.)	Tc. WHERE DID INJURY OCCUR? (City or town) (Con	unity) (State)
FUNERAL DIRECTOR: The erificate has been executed eath certificate assembly should 150 to 1-55 to m	21d. TIME OF INJURY (Month) ((Dey) (Year) (Hour) 21e. INJURY OCCURRED : While Not while M. et work et work	21, HOW DID INJURY OCCUR?	
been te assi	4-11-11	at I attended the deceased from #	7 6	
ERAL DIF	SIGNATURE	, iy, and that death occurred at.	ADDRESS (Street, city, town, stele)	DATE SIGNED
FUNER certificate death cert	23. BURIAL CREMATION.	M.D. I DATE THEREOF I NAME OF CEMETERY OR	CREMATORY DCATION (Cby, town, or count	7-1x-1+
certific death AISC 1	SEMOVAL*(SPECIFY)	3-15-56 Crowner	V. Balesni	le mo.
5 ×	24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNEIMAINDIRECTOR'S SIGNATURE	ADDRESS
	DÁTE IL A.	Man foliance No	VILLIAM DELLES, EL-	ma, ma:

are made in the first elect by each 100.00 - 12.2 - 5 31 1 in the state of th 1 Was 4- - . . . 100 4th, MI M. J. 116

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3632

After this

topy

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death certificate has been executed by the mending physician and completely filled in by the funeral director, the third to death certificate assembly should be detached for use as a burial transit permit.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the

The bottom copy may be retained by the hospital or attending physician.

INSTRUCTION

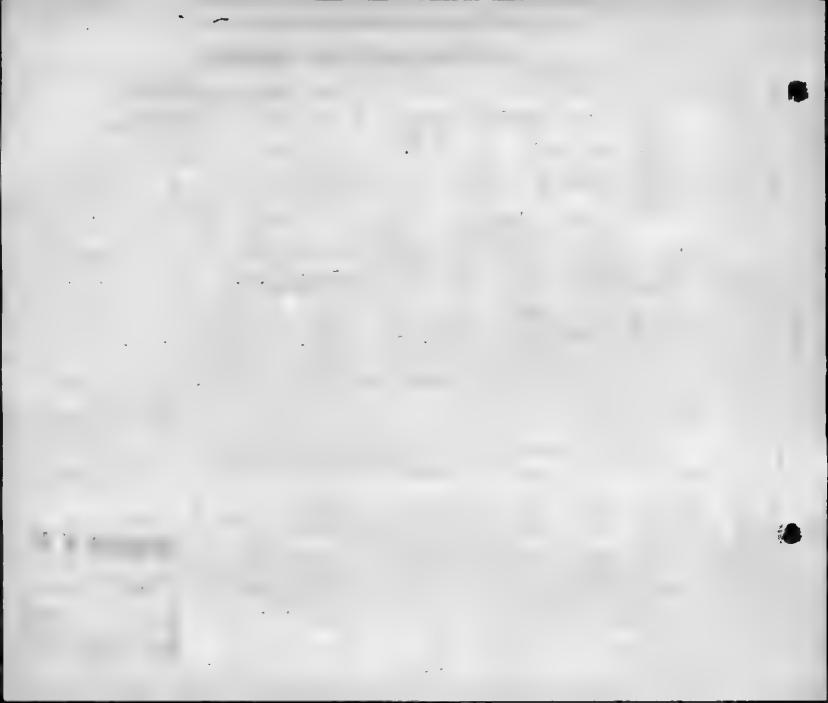
fter death.

death certificate be executed within 14 hours

CERTIFICATE OF DEATH

Reg. Dist. No... 24

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED
COUNTY Anne Arundel	MARYLAND	STATE Same	countySam	e
CITY (if outside corporete limits, write RURAL	LENGTH OF STAY		orate limits, write RURAL and gr	ive nearest fown)
OR end give necrest town] TOWN D O Clark Design to	(in this place)	TOWN Same		4
TOWN P.O.Glen Burn 1e	14 y.	STREET	(If rural give los	cetion
INSTITUTION OR		ADDRESS	(* 12-4)	,
STREET ADDRESS Point Pleasent		Same		
3. NAME OF (First) (First)	Aiddle)	(Last)	4. DATE (Month)	(Day) (Yeer)
(Type or Print) William Russell	Metzger		DEATH ADT	41 1st. 1956
S. SEX 6. COLOR OR 7. SINGLE, MARRIE	D, 8. DATE	OF BIRTH	9. AGE lest birthday IF	UNDER 1 YEAR IF UNDER 24 HR
M. W. Specifyrje	DRCED,	101	KQ yrs. Mo	onths Days Hours Min.
	d 9/25	11. BIRTHPLACE (Steta or for		1 12. CITIZEN OF WHAT
dona during most of working life, even if OR	INDUSTRY	11. SIKITIFEACE (SIGIR OF TOIL	nga county	COUNTRY?
ratirad) Laborar (FET-) Litet 7	Pora l'oni	B altimore.	Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Charles Metzger		Mary Fosdr	l nk	
	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	
(Yes, no, ar unk.) (If Yas, giva wer or detas of service)	18-10-9/10	Marca Marast	e Metzger (Wif	'a N
	18. MEDICAL CE		1 TIO PEROT / WIII	INTÉRVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	16. MEDICAL CE	RIFICATION		ONSET AND DEATH
Hunon	tanctua Card	io Vascular D	000000	/ veers.
9	ACTIONAL ASTA	TO ASSOCIATED	1.00.00	The state of
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)				
GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
				YES NO X
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	form, fectory, fice bldg., etc.)	21c. WHERE DID INJURY OCC	JR? (City or town)	(County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e.	INJURY OCCURRED	21f. HOW DID INJURY OCC	JR?	
While	Programme Not while programme	13. 110 ti bib 1100k. 000.	• • • • • • • • • • • • • • • • • • • •	
M. at wo			- 1-1	
22. I hereby certify that I attended the decea	sed from APRIL	, 1952, to4/	1/56 19	that I last saw the decease
;alive on 4/30/56, 19 and	that death occurred a	16.45. PM, from the	causes and on the date	stated above.
SIGNATURE		ADE	RESS (Street, city, town, st	ata) DATE SIGNE
Mustare to aute & the.	M.D. G	len Burnie Md.		1/2/56
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF	R CREMATORY	LOCATION (City, town, or	county) (State)
BREMOVAL (SPECIFY)	Folom How	107- 6 7-	1,7/2 ::	1000 100
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1.76 7 7.60	25. FUNERAL DIRECTOR	SIGNATURE / JUL	ADDRESS
	epol.	1/2/	A-1 (1)	72 1
DATE April 3.1956 L. J. D	ul va.	11. 12/22/10	ide in Ist.	1 10 5-118 1 14



INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

CERTIFICATE OF DEATH 3573

Reg. Dist. No. 2

-1	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY ANNE ARUNGE / MARYLAND	STATE Karyland COUNTY (Jr. Georges
ı	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (Il outside comporate limits, write RURAL and give neerest town)
	OR and give nearest town) (in this place)	TOWN DE LA PRINCIPALITY
	TOWN ANNADELIS 9 DAYS	Town Painter.
ı	HOSPITAL OR	STREET (It rurel give location)
1	INSTITUTION OR	ADDRESS , COM
-1	STREET ADDRESS FORMEWOOD CONVAISIENT HOM	E 2704-William Sheet
- 1	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Year)
-1	DECEASED	A1 1/ OF 1/
-1	(Type or Print)	11.14CD DEATH 4 - 13 - 1950
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH 9. AGE lost birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
	RACE WIDOWED, DIVORCED.	. ((1) C//2 Months Days Hours Min
	tenate while specifyl could be	16 866 87 yrs.
ı	YPT THE POST OF TH	11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT
М	done during most of working life, aven if OR INDUSTRY.	COUNTRY 3
И	retired Housewife at Home	unterland On Va 11,5 a
1	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
-1	IS. FAIRER'S NAME	14. MOTHER S MANCEY NAME
4	The way worther	amolia Chambo Vais
-1	January 10 0 cm -com	17. INFORMANT & ADDRESS
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	
16	(Yes, no, or unk.) (If Yas, give wer or detes of service)	mo floyd rake
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	1 DISEASES ON COMMINIONS DIRECTED ECONOMISTS STATES	115016
	IMMEDIATE CAUSE (A) CASALETTE CO	1 4 0749
	2011 20 1 4	11 1.01 111 .
	ANTECEDENT CAUSE(S) DUE TO THE TOTAL CONTRACTOR OF THE	Wirth Mare by Heaves walken
	DISEASES OR CONDITIONS, IF ANY, (8) LE LE ROUCIN LA LE	und out the man in the
	GIVING RISE TO THE ABOVE CAUSE DUE TO	
	(C)	
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	
	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
	21e. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, farm, factory, 2	tc. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	And the second of the second o
3	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
		211. HOW DID INJURY OCCUR?
	M. at work et work	
ı	50 (c) (c) (d)	7 13 100
	22. I hereby certify that I attended the deceased from I. I. K.	1950 to 15 1915 19 19 19 19 19 19 19 19 19 19 19 19 19
П		
1		M, from the causes and on the date stated above.
٤Ι	SIGNATURE,	ADDRESS (Street, city, town, state) DATE SIGNED
_	FOUNDATE DEFE M.D. 4	I for TITE water I'm I majorder hid 41018h
n	23. BURIAL CREMATION. DATE THEREOF I NAME OF CEMETERY OF	CREMATORY LOCATION (City, town, or county) (Stele)
,	PEMOVAL (SPECIFY)	CREMATORY COUNTY
3	BUNIAL SHATTHER IMPART	L'oringa bay Hischanderstein Pa.
,	24. REC'D BY REGISTRAR REGISTRANDE SIGNALDRE	L/2S. FUNERAL DIRECTOR'S (SIGNATURE ADDRESS)
	24. NEC DE REGISTRAK	" STORESTONE ON THE STORESTONE OF THE STORESTONE
J	NY 4-1 1956 10 1800 1800	111 VIDA TUMBLE Hours Jan Dall The
- 1	DATE I DE TOURCE	THE STATE KIND MAY

vertificate be executed within 24 lours after death. ATTENDING PHYSICIAIN OR HOSFITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

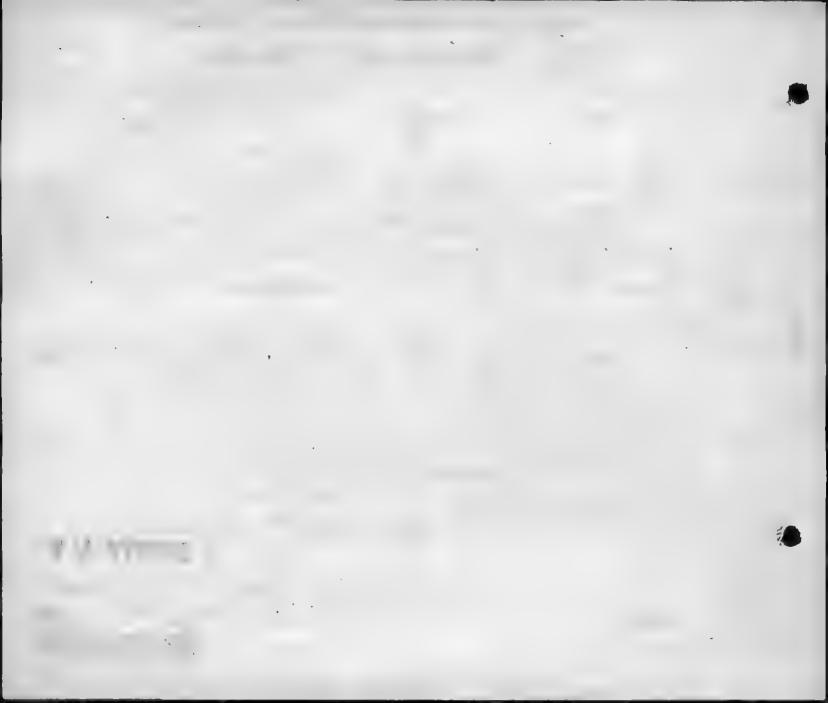
INSTRUCTIONS

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF 3633 DEATH

	33 CER	TIFICAT	_			Reg. Dis		28	*****
1. PLACE OF DEATH			2. USU/	L RESIDEN	ICE (HOME) O	DECEAS	ED		
COUNTY Anna A		MARYLAND		Marylar	nd COU				
OR end give neerest town) TOWN M111er		(in this place)	OR TOWN	_		Wr sun Blas u	estan town)		
HOSPITAL OR INSTITUTION OR	37	33 days	STREET ADDRE	Seve ss		al giva location	n)	4	
3. NAME OF (fir.		(Middle)	(Lest)		4. DATE	(Month)	(Day)	(Yau	nr)
(Type or Pnnt) Mary		Moon			DEATH	oril 3	rd.	19	56
5. SEX 6. COLOR OR RACE	WIDOWED DIV	IED, 8. DA	TE OF BIRTH		9. AGE last birthda	y IF UND Months	ER 1 YEAR	IF UNDER Hours	24 HR Min.
F. W.	(Specify) W	3/:	1/64		74	y#s.			
10e. USUAL OCCUPATION (G ve kin done during most of working lift retired)	le, aven if OR	ND OF BUSINESS INDUSTRY	11. BIKIHPLAG	CE (State or fores	gn countryj		12. CITIZE COUN	ITRY ?	AI
relired) House	Wife		[]n]	MOWN	NAME		U.	S.A.	
15. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16	SOCIAL SECURITY NO	. 17. 1	NFORMANT & A	ADDRESS				
(Yes, no, or whk.) (If Yes, give wer	er or dates of service)	None	le ans	alm Manne	sing Home	Dagond			
I DISEASES OR CONDITIONS DIREC	CTIV LEADING TO BLATH	18. MEDICAL	CERTIFICATIO	N I	STOR TOWA	TRACOLU	INTE	RVAL BETV	
12/X IMMEDIATE CAUSE		neral Arteri	1 7	s			?	DEL VIAD D	EVIII
IMMEDIATE CHOSE	177		roscieros						
ANTECEDENT CAUSE(S	DUE TO Gane	cer of the s			3 >		2		
	DUE TO Can	cer of the			R)		3		
ANTECEDENT CAUSE(S DISEASES OR CONDITIONS, IF AI GIVING RISE TO THE ABOVE CAI STATING UNDERLYING CAUSE LA	S) DUE TO CANGE OF TO (C) S CONTRIBUTING	cer of the			1)		?		
ANTECEDENT CAUSE(S DISEASES OR CONDITIONS, IF AI GIVING RISE TO THE ABOVE CAI STATING UNDERLYING CAUSE LA 11 OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN	S) DUE TO CANGULAR (C) S CONTRIBUTING OF TO THE IG DEATH.				1)				
ANTECEDENT CAUSE(S DISEASES OR CONDITIONS, IF AI GIVING RISE TO THE ABOVE CAI STATING UNDERLYING CAUSE LA 11 OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	S) DUE TO Cand				1)			D. AUTOPS	
ANTECEDENT CAUSE(S DISEASES OR CONDITIONS, IF AI GIVING RISE TO THE ABOVE CAI STATING UNDERLYING CAUSE LA 11 OTHER SIGNIFICANT CONDITION: TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 198. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	S) DUE TO CANONY, (B) USE DUE TO (C) S CONTRIBUTING DO TO THE GO DEATH. 196. MAJOR FINDINGS 191. PLACE (Homman ATH) OF NJURY street, contributions	OF OPERATION	skin (gen	pralized	R? (City or town)	(Co	20		> □ _y
ANTECEDENT CAUSE(S DISEASES OR CONDITIONS, IF AI GIVING RISE TO THE ABOVE CAI STATING UNDERLYING CAUSE LA 11 OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 198. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF DEA	S) DUE TO CANGE OF THE CONTRIBUTING OF THE CAST. 19b. MAJOR FINDINGS 19b. MAJOR FINDINGS 19b. PLACE [Home of the cast]	of OPERATION e, ferm, fectory, office bldg., etc.) INJURY OCCURRED Not while	skin (gene	pralized	R? (City or town)	(Co	20 YES	☐ NO	> □ _y
ANTECEDENT CAUSE(S DISEASES OR CONDITIONS, IF AI GIVING RISE TO THE ABOVE CAI STATING UNDERLYING CAUSE LA 11 OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 198. DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN	S) DUE TO NY, (8) USE AST. (C) S CONTRIBUTING TO THE IG DEATH. 19b. MAJOR FINDINGS TO THE OPY (Yeer) (Hour) ATH OF INJURY street, Colored While M. et w.	of OPERATION e, ferm, fectory, office bldg., etc.) INJURY OCCURRED Not while ork ork assed from. 3/1/4	21c. WHERE DIE	DINJURY OCCU	R? (City or town) R? 3/56, 19.	, that	YES yes	NC (State) ')
ANTECEDENT CAUSE(S DISEASES OR CONDITIONS, IF AI GIVING RISE TO THE ABOVE CAI STATING UNDERLYING CAUSE LA 11 OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSIN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. TIME OF INJURY (Month) (D) 22. 1 hereby certify that a live on. 4/1/56	S) DUE TO NY, (8) USE AST. (C) S CONTRIBUTING TO THE IG DEATH. 19b. MAJOR FINDINGS TO THE OPY (Yeer) (Hour) ATH OF INJURY street, Colored While M. et w.	of OPERATION e, ferm, fectory, office bldg., etc.) INJURY OCCURRED le Not while et work	21c. WHERE DIE	injury occur	R? (City or town) R? 3/56, 19	, that	YES YES 1 last santed above	(State	cease
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3634 Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Baltimore City c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? 712 Greenmount Avenue YES IN NO IT Day Year 19 56 4 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 100 birthdoy) Months yrs. 12 CITIZEN OF WHAT COUNTRY? U. S. Address INTERVAL BETWEEN ONSET AND DEATH Known since (Arteriosclerotic Hypertensive Cardio-Known since PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES PE NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (County) (Stote) that I last saw the deceased and that death accurred at 10:45a, M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED Crownsville, Md. (Stote) 24b. REGISTRAD'S SIGNATURE

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alion,		3635 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
please es	1	PLACE OF DEATH o. COUNTY Anne Arundel 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 6. STATE Same b. COUNTY
1 E		b. CITY OR TOWN Ill outside corporate limits, write RURAL and give nearest town) and give nearest town)
Purit land	<l< td=""><td>P.O.Pacodena 11 Months Same</td></l<>	P.O.Pacodena 11 Months Same
y is need in the prior the		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Con a Farm? Yes In NO IS Con a Farm? Yes In NO IS Yes In NO IS On a Farm?
ny delo meral a yaur fi sgistrar	, [3	NAME OF First Middle Lost A. DATE Month Day Year OF OF DECEASED (Type or print) Walter Lewis Payne DEATH April 20th. 19 56
For for learning to the form	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In your last birthday)
th. thed the		Male W. WIDOWED DIVORCED 6/17/66 89 yr. Months Days 170418 Min.
her day and 3 be relai	/ [i	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Cabinet Maker Such 60. West Virginia U.S.A. U.S.A.
12,2 d	- 11	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Pages 1 pages 5 m	L	Thomas R. Payne Mary E. Hayes
ive Page File Ro		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT et, no, or unanown) No 212-14-8055 A Mrs. Virginia Pricker (daughter)
PM3 mit.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
a 18		PART I. DEATH WAS CAUSED BY: Goronary Occluston Sudden
- He The formal physical consists		420,1 DUE TO
of in		Conditions, if any, which gove rise to immediate course ?
pend Jang burit		(a), storing the underlying DUE TO
S C C C C C C C C C C C C C C C C C C C	١,	V
nding". S Offi		PERFORMED? YES NO X
This cer aminer		
the wallical Expansion 3 short	10000	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED While Not while at work of w
Poge		21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection X, Inquiry X, and find that
Z Č Č	death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined cause .	
MEDIC.		SIGNATURE SUSTANDE M. Facehesoul, M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
A P G G		EXAMINER'S ASSISTANT MEDICAL EXAMINER
varde Warde UNER		NAME (Type) Gustave H. Faubert M.D. DEPUTY MEDICAL EXAMINER 1/20/56
cote forw	2	Ro. BURIAL, CREMATION, 12th. DAJE THEREOF (Store) REMOVAL (Specify) SURVEY SECTION (C'ty, town, or county) SURVEY STATES OF CEMETERY OR CREMATORY ALLS O DAJE (Store)
VS. A15ME(5)	2	I. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRARS SIGNATURE
5M 9/55	12	tarmy Tt. Welsele, 4101 Edmondsorrous D. J. Dilleban

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-	ine runeral	 Then please remove carbon papers. Poges 1 and 2 shauld be filed with 	
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A 1	mpierery r	pers. Pog	نے
	This certificate has been signed by the differently physician and completely	carbon pa	notion, or removol, and in ony event within 72 hours after death.
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
3636	CERTIFICATE	OF DEATH	Par

		()	3598
Reg.	Dist.	No.	10

	1. PLACE OF DEATH O. COUNTY A A MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE D COUNTY T T
	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lown).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	X 43 18501/18 48 475	Eralesulle x
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS a IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECEASED (Type or print) RAYMONIN DELLHAY	Last 4. DATE Month Day Year OF DEATH 17 P + 1 8 19 5 6
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 74 HRS 10st birthdoy) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
1	Carpenter of working life, even if retired)	West River Md.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	5 Millard Proke	LEMMA CO/C
1		FDITH LF Praire Lales wille Mid
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FEN. CARCINOMATOS	
	177X DUE TO	
	Conditions, if any, which) (b) Cancinons o	of prostate 1 yr.
	gove rise to immediate Couse (a), stating the under	
	lying couse lost. (c)	
3	TA TANK	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port 8 or Part 11 of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the fact of work of work of work of work of work of work of the fact work of the fa	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
		19, taAnr_3r, 1956_, that I last saw the deceased
		accurred at 6:300 M, from the causes and an the date stated above
	The state of the s	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)
	SIGNATURE 1800	M.D. Anor Gear tt Blvd. Annemalis. 14.
	PHYSICIAN'S NAME (Type) S Ponegue's 1' D.	419158
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	(5.5.4)
	BURNI APRIL 10/56 2 UN RER	
	13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	DATE 4 246 REGISTRAR 246 REGISTRAR'S SIGNATURE
		THE CONTRACT OF THE CONTRACT O

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03599

Reg. Dist. No. 12 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Anne Arundel Maryland COUNTY STATE (It outside corporate limits, write RURAL and give nearest town) (If outside corporete limits, write RURAL LENGTH OF STAY and give nearest town) (in this place) TOWN TOWN đ STREET HOSPITAL OR (If rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESS (Month) 3. NAME OF (Middle) (Last DATE (Year) DECEASED OF (Typs or Print) DEATH 19 .5 S. SEX SINGLE, MARRIED DATE OF BIRTH AGE lest birthday IF UNDER 1 YEAR HE UNDER 24 HRS COLOR OR WIDOWED_DIVORCED RACE Months Days Hours (Specify) 10 yrs. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT dona during most of working life, even if COUNTRY 7 13. FATHER'S NAME 16. SOCIAL SECURITY NO. (Yes, no, or unk. 213 INTERVAL BETWEEN CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH *IMMEDIATE CAUSE* DUE TO ANTECEDENT CAUSEISI DISEASES OR CONDITIONS, IF ANY, GIYING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 20. AUTOPSY? 196. MAJOR FINDINGS OF OPERATION YES [7] NO [21a. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Homa, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING TI CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21a. INJURY OCCURRED 211. HOW DID INJURY OCCUR? (Yaar) While Not while at work al work 22. I hereby certify that I attended the deceased from Q.that I last saw the deceased alive on...!, and that death occurred at .M., from the causes and on the date stated above. SIGNATURE ADDRESS (Street, city, town, state) M.D. DATE THEREOF NAME OF CEMETERY OR CREMATOR (State BURIAL CREMATION LOCATION (City, lown, or county REMOVAL (SPECIFY)/ SIGNATURE ADDRES! REC'D BY REGISTRAR 91:GIS

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1, rilmilia CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY o. STATE be filed **b** COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) pinous Ferndale d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? First Street YES NO F NAME OF Middle DATE Manth Day Year DECEASED (Type or print) DEATH 1926 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGL (In years IF UNDER 3 YEAR IF UNDER 24 HRS BUBATE OF BIRTH last birthday) Months Days Haurs WIDOWED 17 DIVORCED | 65 papers. YES . USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME phys IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address anding 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gned gove rise to immediate in in **DUE TO** catte (a), stating the underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour c. m. While Not while at work of work p. m. ton: 19 56 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at _____ M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED DIRECT **ACTUAL** pe prior SIGNATU 3 should PHYSICIAN'S FUNERAL NAME (Type) BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY, OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 **FUNERAL DIRECTOR'S SIGNATURE** ADDRESS 246) REC'D BY REGISTRAR - 246. REGISTRAR'S SIGNATURE . VS A15 (4) DATE 15M 9/55

certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
3576	CERTIFICATE	OF DEATH		

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			03	U	U	
Rea.	Dist.	No.	21			

1. PLACE OF DEATH o. COUNTY Anne	Árundel		MARYLAND	2. USUAL RESIDENCE (W	here deceased	l lived If natitual b. COUNTY	Anno A	e before odn runda]	pression)
b. CITY OR TOWN (II RURAL and give ne Annapo	arest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF Annapol		rote limits, write I	RURAL and g	ve nearest to	own)
OR INSTITUTION	outhgate A		address)	d. STREET ADDRESS 48 So	uthgate	a Ave.		ON	RESIDENCE NA FARMS
3 NAME OF DECEASED (Type or print)	WILLI		Middle REICHEL	-DDS-	4. DATE OF DEATH	APRIL	nth 25,	Day	Year 19 56
5. SEX Male	6. COLOR OR RACE White	7. MARR	IED A NEVER MARRIED DIVORCED	B DATE OF BIRTH August 14,		9. AGE (In years last birthday) 50 yrs		YEAR IF UN Days Hav	NDER 24 HRS.
10a USUAL OCCUPATIO during most of work Dent	igg life, even if retired		KIND OF BUSINESS OR INDU	ISTRY IT. BIRTHPLACE (Stole	ar foreign co	runtry)		ZEN OF WH	AT COUNTRY?
13. FATHER'S NAME Hyman Re	ichel		•	14. MOTHER'S MAIDEN	Lena	Reiche	1		
Yes Yes	FIN U. S. ARMED FOR			informant s. Jesse E. R	eichel		sa _m e	as # 2	2
Conditions, if as gove rise to it cade (a), stating the land of th	nmediate (DUE TO	a	tripchio	tie Cormon	y Gut	try She	elast	67.	ms.
3	`		ONTRIBUTING TO DEATH BUT				VEN IN PART	PER	S AUTOPSY FORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER Manih, Day, Ye								
20c. TIME OF INJUR Hour o. m. p. m.	19 19	White		ACE OF INSURY (Home, farm ctory, street, affice bldg., etc	n, 20r. (City	or tawnj	(C:	ounly]	(Stote)
21. I certify the alive an	at I attended the	- 4		98, 1956, tally a occurred at 2:551	₹.M, fram	the causes of the cause of	and an the	ost saw the	ne deceased ated above, DATE SIGNED
PHYSICIAN'S NAME (Type)				1 Southgate A		Annapoli		y and	
220. BURIAL, CREMATION	April 26		Zc. NAME OF CEMETERY C			ION (City, town,	ar caunty)	As .	tate)
23 FUNERAL DIRECTOR'S HOPPING FUN		ANN	ADDRESS NAPOLIS, MD.		0 BY REGISTI	. 5 4	STRARIS, SIG	MATULE	



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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3638 CERTIFICATE OF DEATH

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Ite 6. FilmG196 5-2-56 et.			Keg. Dist	. No	
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Anne Arundel	MARYLAND	STATE Md.	COUNTY	AA	
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)		rate limits, write RURAL and give nee	rest town)	
TOWN Glen Purnie	21 vrs.	Total D. I.	dale. Glen Burni	3	
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rura) give (ocation)		
STREET ADDRESS 1027 Upton Road			pton Road		
3. NAME OF (First) (Mi	ddla)	(Last)	4. DATE (Month)	(Dey) (Year)	
(Type or Print) Garald	Ros	senberg	DEATH April	21, 1956	
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B. DATE O		9. AGE lest birthday IF UNDER	1 YEAR IF UNDER 24 HR	
Male Jawish Wildowed, Divo	ied Novemb	ber 16,1905	50 yrs. Months	Days Hours Min.	
10e. USUAL OCCUPATION (Give kind of work 10b, KIND		11. BIRTHPLACE (State or forei	gn country) 1:	CITIZEN OF WHAT	
	Gov't.	Cleveland ,	Ohio	COUNTRY? USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
William Rosenberg		Anna Kr	eisman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	17 INFORMANT & A	ADDRESS		
Yes, no, or unk.) / (If Yes, give war or detes of service) 28	6 - 05 - 966	l frs M. E. R	osenberg. sad	e as 2	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL GER			INTERVAL BETWEEN	
	24 1. 4	11/2		ONSET AND DEATH	
	VI TNIESTIN	AL HEMIRRI	1166	D DA95.	
DISEASES OR CONDITIONS, IF ANY, (B)	ER OF PON	OPEASEMEN	AST, TOLIVER	8 405	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO			Z.Z. V. V. V. C. IE.		
(C)					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
198. DATE OF OPERATION 196. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?	
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home,	form fortune 1 2	Itc. WHERE DID INJURY OCCU	16 July 1	YES NO	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY stream, offi			R? (City or town) (Cou	nly) (Stete)	
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. It While M. et work	Not while	21f. HOW DID INJURY OCCU	R?		
22. I hereby certify that I attended the decease	ed from 8-6	19.55 to H	-21 19 5 % that I	last saw the decease	
alive on					
SIGNATURE		, ADD	RESS (Street, city, town, state)	DATE SIGNE	
Aton C. Perry	M. D.	(01 () +4 BELD, 6	SLE BURNE, M.	8 4-23 36	
23. BURIAL, CREMATION, DATE THEREOF A	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or county	y) (State)	
Burial & Rem. April 25, 56	Woodmere		Detroit , bach	igan	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	- 11	28. FUNERAL DIRECTOR'S	STOVATURE TURBERS	ADDRESS	
DATE Apx1/24,1956 Z. L. DE	alba =		Kirkley, Glen Hu	rnie. wd.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MAJUNIEN V. &

DECENTED SOL

Z .V United

VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPAR	TMEN	IT OF	HEALTH-	-BALTIMOR	E, 18
26/10							_,

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17	V	Y	IJ	20
				10

	9040		CERTIF	ICA	TE OF DEATH	1		Reg. Dist	. No.	W C	
1. PLACE OF DEATH D. COUNTY Anne	Arundel		MARYL	AND	2. USUAL RESIDENCE (WHO O. STATE Mary)		d lived. If institute b COUNTY		e before odmi		
	outside corporale lim	ts, write	c. LENGTH OF STAY IN 37 days	11	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis						
OR INSTITUTION	AL (If not in hospite), (WMSVILLE S		·		d STREET ADDRESS 53 Sp	a Roa	d	,	IS RESIDENCE ON A FARM? YES NO A		
3. NAME OF DECEASED (Type or print)	Mar y	I	Middle Llizabeth Qu		Scott	4. DATE OF DEATH	Mon 4		Day 4	Yeor 19 56	
s. sex Female	Negro	WIDOWI	Lead		12/17/76		9 AGE (In years last birthday) 79 yrs.		YEAR IF UND	,	
Unemploye	ing lite, even it retired	done 10b.	KIND OF BUSINESS OR	INDUST		laryla		12. C(T)2	U. S		
Ira Queen					14. MOTHER'S MAIDEN N						
TS. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO Unk.	17. IN	FORMANT		Addr acords, C		rille (State	
18. CAUSE OF DEA PART I. DEA			one for (o). (b), and (c).]	nia	11000	- Columbia de la columbia del columbia de la columbia del columbia de la columbia del la columbia de la columbi	00140,	20113	interval e onset and 2 day	BEATH	
Conditions, if ar	nmediate	My	ocardial De	gene	eration				Known	for	
couse (a), stating the lying couse last.		A3-	ICVD						n		
Ē.	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H BUT N	IOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	PERF	S AUTOPSY ORMED?	
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter nature of injury in f	Port 1 or Port	II of item 18)		_		
ZOc. TIME OF INJURY Hour o. 11	/ Month, Day, Ye	While	Not while to work	Oe. PLAC	CE OF INJURY (Home, farm, arry, street, office bldg., etc.	, 20f (City	or town)	(Co	ounty)	(Stote)	
21. I certify the	at Lattended the			727 Jeath o	19 56, to 4	/4 _M. fron			ast saw the		
ACTUAL HILL SIGNATURE	egarel la	HALL P	istalyon	м	4	ADDRESS (SI	reel, city or town, sville, M	Hale)		ATE SIGNE	
PHYSICIAN'S NAME (Type) H	U ildegard H	eard	Reissmann							rim our da see aps aps an ee ee	
220. BUBIAT) CREMATION REMOVAL (Sogrify)	64-8-0	56	22c, NAME OF CEMET	ERY OF	CREMATORY	22d. 10CAT	TON (City, town, g	a (2	(Sto	10	
23. FUNERAL DIRECTOR'S	S SIGNATURE	75-/	Ennus Co	lis	240, REC'I	D BY REGIST	RAR 246. REGIS	TRAR'S SIGN	ATURE 2	11 M 2 M	

TETAR F

PECELVERS APR·10 1956

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	3641 CERTIFICATE OF DEATH Reg. Dist. No.
1.	1. PLACE OF DEATH O COUNTY O. STATE
>	b. ETTY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAD and/orve nearest tawn)
	d. NAME OF HOSPITAL (F) mot in hospital, give street address) d. STREET ADDRESS e is residence ON A FARM? YES \(\sum NO \)
3.	3. NAME OF DECEASED (Type or print) Quen R. Scatt 4. DATE Month Day Year OF DEATH 4 14th 1956
5.	5. SEX 6. COLOR OR SACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH Mark OL WIDOWED DIVORCED 7-5-28 P. AGE (In years FUNDER 1 YEAR IF UNDER 12 HR) WIDOWED DIVORCED 7-5-28 P. AGE (In years If UNDER 1 YEAR IF UNDER 1 Y
, 10	100 USWAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPIACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNT Shadyside, Md 26, 50, 60, 60, 60, 60, 60, 60, 60, 60, 60, 6
	John Scott Mariorie Matthews
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or dotes of service) Mariosia Thomason Shalyside M.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) **Location** IMMEDIATE CAUSE (o) **Location** IMMEDIATE CAUSE (o)
	Conditions, if ony, which gove rise to immediate course (a), stoting the under: DUE TO COLET OCCUPATION A COLUMN A COL
, 20	Part II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS' PERFORMED? YES \(\bigcap \) NO [2]
11030	200. ACCIDENT WAS UNDERLYING - 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Auto accuded
AMEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 4 p. m. 4 - (4 19 State at work
	21. I certify that I attended the deceased from 21. 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the deceased alive on 19 that I last saw the 19 that I last saw t
	ACTUAL SIGNATURE Emily A bulken M.D. Lottlicen but 4-14:
	alive on Not Nt M19, and that death occurred at 2 P. M. from the causes and on the date stated al ADDRESS (Street, city or town, state) DATE SI SIGNATURE FINE M.D. ACTUAL SIGNATURE AND AND AND AND AND AND AND AN



1 8 6	(t)	en 18.841	- / 1 ()		TATE DEPAIL						()	36)	1	1	
2 Z E		PLACE OF DEATH					2. USUAL RESID		nstitution: Residence before admission)			ssion)			
5 4 DE			ne Arundel		MAR	YLAND	o. STATE		Md.	b. COUNTY	Anne	Aru	ndel		
To it	è	ond give negrest tow	Il outside corporate limits, wi	He RURAL	c. LENGTH OF STAY	c. CITY OR T	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
		Roc	ck Hill Bea	ch	7 yrs		Roc	k Hi	11 Be	ach		,			
F F Z	•	I. NAME OF HOSPI	TAL OR INSTITUTION	(If not in hosp	ital, give street addre	nt}	d. STREET AC	DDRESS				- F	o, IS RE	SIDENCE A FARM?	
Series A		Va	alley Road					Valley Road						NO 🗆	
delical delica	3.	NAME OF DECEASED	F	rut	Middle		Lost		4. DATE	Month		Day	Y	Mat	
ny you egis		Type or print)	BRONISLA	US	JOHN	SCZ	EPK OWSKI		OF DEATH	April		1.	1	956	
프로	5. 5	EX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIE	D 🗍 B.	DATE OF BIRTH			9. AGE (In years lost birthdov)	IF UNDE	RIYEAR		ER 24 HRS.	
# ped # .	J	iale	White	WIDOWED	DIVORCED		Oct. 6.	190	2	53 yrs.	Months	Doys	Hours	Min.	
deat 13 1 will	10a	USUAL OCCUPATI	ION (Give kind of working life, even if retired)	done 10b. K	ND OF BUSINESS OR	INDUST				country)	12. CI	IZEN OF	WHAT	COUNTRY?	
S S S S S S S S S S S S S S S S S S S	,	Rigge		U.S.	Industria	L Ch	em. Bal	Ltimo	re. M	arvland		Ħ	.S.A		
0000	13.	FATHER'S NAME			-		14. MOTHER'S M							-	
S m S		John	Sczepkowsk	i			I	Lena	Budna						
4 80 0d	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT														
Figure	f 1 mi	no, er enknown) NO	I lit har' Blue mot ot gater o	213	-01-9535		Mrs.	John	Scze	pkowski					
M. 4.			ATH [Enter only one co						Dogo	pitoliotta		INTER	YAL BETWE	EN	
ited Barrana Berrana		PART I. DEA	TH WAS CAUSED BY	. 2ml	conary in	arat.	or end	mazoo	ardie!			ONSE	T AND DEA	TH	
for for sit p		4	DUE TO		arction due			-				,			
ron Tron		Canditions, if c			thruncos.										
ncil ng v		gove rise to imme	diate couse		bral arce				AKILO A	OR Owner	40003	1			
and of the control of		(a), stoting the couse last.	underlying)		you have been our.	1 200	0101001B								
or in a second of the second o	TION	PART H. OT	HER SIGNIFICANT CON	*	NIR BUTING TO DEAT	H BUT N	OT RELATED TO TE	HE TERMI	NALD:SEAS	E CONDIT ON GIV	EN IN PAI	RT 1(a) 15	PERFO	UTOPSY RMED?	
and the second s	FICA	OD EVERY IN O										Υ	ES 🔼	NO 🗌	
d be	CERTIF	20a. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.	NTRIBUTING	US. DESCRIBE	HOW INJURY OCCU	RRED. (Er	Her noture of Inju	ry in Part	I or Port It	of item 18.)					
Marc Fxc hou	S	20c TIME OF INJU	IRY Month, Day, Ye	or 20d. In	JURY OCCURRED 2	Oe. PLAC	E OF INJURY (Ho	me, farm	20f. (City	r or fown)	(Co	unly)		(State)	
the dical	MEDICAL	Hour o.m. p.m.	19	While of wor	k at work	facto	ry, street, office b	oldg., etc.)			· ·				
A Med		21. I certify t	hat I took charg	e of the re	mains describe	d abov	e, held an A	Autopsy	/ [], II	nspection .	Inqui	гу П.	and f	ind that	
i i i i i i i i i i i i i i i i i i i			from Natural							1					
3 = 0.5			11/	C 1 -	1										
if food if food in the NRE		ACTUAL	× 21/7	1.21	Ker		M.D. CHIEF MEI	DICAL EX	AMINER 🔼				DATE S	GNED	
d to de		,	1 20 1					T MEDICA	L EXAMINE	R 🗀					
P e e e e e e e e e e e e e e e e e e e		EXAMINER'S NAME (Type)	Russell S.	Fishe	r. M.D.		DEPUTY M	EDICAL E	XAMINER E			11/3	/56		
orward FUNER	220	BURIAL, CREMATIC	ON, 226. DATE THERE		22c. NAME OF CEMET	ERY OR C				TION (City, town, a	r county)	-1/_2	(Stote)	
5 2 5 5 P		REMOVAL (Specify	4/4/	5%	HolyCu	20					,,				
	23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	4	2.	4a. REC'C	BY REGIST	RAR _ 24b. REGIS	TRAKS SH	GNATUR	E a	7 2	
Vs. A15ME(5) 5M 9/55		mc Cul	By Fun	Hm	130 €.	For	tave !	APR	16	1096 2	9.	801	PFI		

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	+		Thoms 20c. 21 Hilmoly 7 halong 6 8t Reg. Dist. No. 200
Pose	P	1	PLACE OF DEATH a. COUNTY a. STATE Maryland b. COUNTY a.
Pag Pag Suriol	> .		b. CITY OR TOWN It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Geride corporate limits, write RURAL and give nearest town)
r is nector. rector. es.	1	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give freet address) d. STREET ADDRESS 1 e. 15 RES DENCE ON A FARM? YES V NO
y delay neral di your fill gistrar	, N.T 34	1 23	NAME OF DECEASED (Type or print) WILLIAM V. SIMMONS DEATH APRIL 18 1956
h. If or the fu sed for th the re		5	SEX 6. COLOR OR RACE 7. MARRIED [NEVER MARRIED] B. DATE OF BIRTH Male (White WIDOWED DIVORCED Qua, 10, 1899 Section of Service Service) Output Months Days Hours Min.
and 3 has retained 2 will	/	Ī	On USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY TO BIRTHPLACE (State or foreign country) A W SSISSIPPI 12. CITIZEN OF WHAT COUNTRY? A SSISSIPPI 12. CITIZEN OF WHAT COUNTRY?
fours off 5 moy b ges 1 or	·		13. FATHER'S NAME William T. Simmons Name Smith
ive Pogr Poge File po	Ī,		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no. or unknown) Left yes, give war or doing of secrece) Address Local Heart Local
cuted with gam 18. Gorm PM3. It permit.			18. CAUSE OF DEATH [Enter only one couse per line fortof, (b), and (c).] PART I. DEATH WAS CAUSED BY: JAMEDIATE CAUSE (o) JAMEDIATE CAUSE (o) JAMEDIATE CAUSE (o)
d be exected in the graph of the properties of t			Conditions, if ony, which gave rise to immediate course DUE TO
in pen in pen ice olon s o buri			COUSE DOST. (c) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) 19. WAS AUTOPSY
entificat ending' er's Off s usek c	*		PERFORMED YES NO.
This o			PRIMARY BOT CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY 1, Mgnth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF JNJURY (Home, farm, 120f. (City or town) (State)
MINER 3 the v			20c TIME OF INJURY 1, Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) (Sta
At FV			death resulted from Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
PAEDIC ertificat I to the	ź		ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
DEPUTY ute the o xwarder FUNERA		17	EXAMINER'S NAME (Type) - LINA HRAT Eastport DEPUTY MEDICAL EXAMINER HIS 1806 220. BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
10 D	5		SENOVAL (Specify) C 4-20-56 POHICK CHURCH CEM. FAIRFAX CO. V.RGINIA 13. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE.
VS. A15ME(5)			John M. Taylor Sons anapolis MAD DATE 4/19/1956 Eiwara Collinsin

- MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. &

JOST 83 A94

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3645 CERTIFICATE OF DEATH

03611

			Res	g. Dist. No	27			
1. PLACE OF DEATH		2. USUAL RESIDI	ENCE (HOME) OF DE	CEASED				
COUNTY Anne Arundel	MARYLAND	STATE California COUNTY Hallywood						
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)		porate limits, write RURAL and	give neerast town)				
TOWN Fort George G. Made	1 Year	OR TOWN HOTT	vwood	13				
HOSPITAL OR	1 HE ALCOUR	STREET	(If rural give	location)				
INSTITUTION OR STREET ADDRESS IT C AZZEST HOOM	14.7	ADDRESS	N Cimana					
STREET ADDRESS U. S. Army Hosp 3. NAME OF (First)	(Middle)	(Last)	N. Ginesee	(Day)	(Year)			
DECEASED			OF		(Tear)			
OBORGE	SAMUEL	SINASOHN		pril 3	19 56			
5. SEX 6. COLOR OR 7. SINGLE, MAR RACE WIDOWED, D	IVORCED.	OF BIRTH	_	Months Days	UNDER 24 HRS			
Male White (Specify) Si		1 3, 1956	уп.	Months Deys	Hours Min.			
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN	OF WHAT			
11 0 94	one	Maryland		COUNTRY	E			
13. FATHER'S NAME	<u></u>	14. MOTHER'S MAIDE	NAME					
Henri Lathal Sinasohn		Beatrice	Joffe					
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Mother, 1723 C. Forest						
(Yes, no, or unk.) (If Yes, give war or datas of service)	None		.G. Meade. Md	-	01.690			
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	aturity cental separat	ion of mother			54 min			
19a. DATE OF OPERATION 19b. MAJOR FINDING	OF OPERATION			20.	AUTOPSY?			
				YES _	<u> </u>			
	me, farm, factory, office bldg., atc.)	Z1c. WHERE DID INJURY OCC	UR? (City or fown)	(County)	(State)			
WI WI	e. INJURY OCCURRED hila NoI while work at work	21f. HOW DID INJURY OCC	UR)					
22. I hereby certify that I attended the deco	eased from 3 April	19 56. to 3	April 19 56	. that I last saw t	he deceased			
alive on3April, 1956, an SIGNATURE ROBERT KURTH, CAF	d that death occurred at	10:45FM, from the	causes and on the da DRESS (Street, city, town,	ite stated above.	TE SIGNED			
Receitteretti	M.D.	Fort Georg	ge G. Meade, 1	id. 3 Apr				
23. BURIAL, CREMATION, PATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR		LOCATION (City, lown,		(State)			
Burial PADIN 56	Oheb Shalom	Cem•	Baltimor	e, Md.				
24. REC'D BY REGISTRAR DEGISTRAR'S SIGNATUR	w/ rem	25. FUNERAL DIRECTOR		2100 Eut.	aw Plac			
DATE 4 April 56 W. I. SAYLOR,	IST LT, MSC	Jack Lawis	Furneral Home	2100 Eut. Baltimor	e. Md.			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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NECELVES 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Z J UMINIUI

3581 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2 I, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Count o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside co. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) toN 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o, IS RESIDENCE ON A FARM? files. YES NO F NAME OF DATE Middle Manth Day Year for your DECEASED (Type or print) DEATH 19 56 5. SFX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER TYEAR 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. lost burthdoy) Months Days WIDOWED | DIVORCED yrs. 100. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages age 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 18. CAUSE OF DEATH [Enter only one couse per-lipe-for (o), (b), ond-(c). INTERVAL BETWEEN ONSET AND DEATH form PART I, DEATH WAS CAUSED BY, 2 de94 IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which olong gave rise to immediate couse DUE TO (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 ô WAS AUTOPSY PERFORMED? YES 🔲 NO Q 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY [Hame, farm, 20d INJURY OCCURRED 20f. (City or fown) (County) (State) factory, street, affice bldg., etc.) While Not while o.m. ot work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... inspection . Inquiry and find that to the Calef ! deoth resulted from: Montrol causes X Accident . . . Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINED 229. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 72d. LOCATION (City town, or county) (Stote) REMOYAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 246. REGISTRARIS SIGNATU VS. A15ME(5) 5M 9/55

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03615

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BUREAU V. S.

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DECEINED !

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03618

3583 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED							
COUNTY Anne Arundel	Managa		Marriand Anne Amindel							
CITY (If outside corporate limits, write RURAL	MARYLA		STATE COUNTY CITY (If outside corporate limits, write RURAL and give nearest lown)							
OR end give nearest town) TOWN Annapolis	(in this p)		OR TOWN Annapolis							
HOSPITAL OR INSTITUTION OR			STREET	(If rure) giv	e focetion)					
STREET ADDRESS 1]7 Grandville			ADDRESS 117 Grandville Are							
3. NAME OF (First) DECEASED	(Middle)		(Lest)	4. DATE [Mon	th)	(Dey)	(Year)			
(Type or Print) DAVID	J	W	IGLEY	DEATH A	pril 2	23, 56				
5. SEX 6. COLOR OR 7. SINC	GLE, MARRIED, OWED, DIVORCED,	8. DATE O	F BIRTH 9.	AGE lest birthdey	IF UNDER	1 YEAR	IF UNDER 24	HRS.		
Male Malte Spe	whiarried	June	1, 1882	73 _{rs.}	Months	Days	Hours M	lin		
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	106. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign	country)	12.	CITIZEN	OF WHAT			
refired) Rat. Farmer	Farming		Gambrills			COUNT	UŚA			
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME				—		
David John Wigle	У		Alice Lee							
15. WAS DECEASED EVER IN U. S. ARMED FORCES		JRITY NO.	17. INFORMANT & AD	DORESS				_		
(Yes, no, or unk.) (II Yes, give wer or detes of serv	none		Mrs Avrelia	Tay Wigley	-Wife-	- "t II	e 28 #	2		
E DISEASES OR CONDITIONS DIRECTLY LEADING 1	O DEATH	ICAL CER	TIFICATION				VAL BETWEEN			
IMMEDIATE CAUSE (A)	gen. car	cinoma	tosts			6 mo	4			
-11	Боля	021101101	20020			O IIIO	3.	_		
WALESTONIA CHOSTISI	Ca of	stoma	ch			18_m	Λ .			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		- Ind Mr Sal Al Albany	MAR			- V				
(C)										
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.										
	FINDINGS OF OPERATION					20	AUTOPSY?	—		
Sept. 55	Ca of stome		etastakis			YES		7		
21a. ACCIDENT WAS UNDERLYING 21b. PL OR CONTRIBUTING CAUSE OF DEATH OF INJU	ACE (Home, ferm, fectory IRY street, office bldg., etc.	j ²	Ic. WHERE DID INJURY OCCUR?	(City or town)	(Count	ly)	(Stelle)			
21d, TIME OF INJURY (Month) (Dey) (Year) (H	White Not	while	TI. HOW DID INJURY OCCUR?							
		rork L.J		00 4/				_		
22. I hereby certify that I attended	the deceased from S.S.	apt. 9.4.	, 1955, toAnn.	23 19.56	, that I	last saw	the deceas	sed		
alive on Apr. 23,, 19.56	, and that death	occurred at								
\$IGNATURE	vmul.			ESS (Street, city, town			ATE SIGN	ED		
	munu	M.D.Amo	s Garrett Blvd.	Annanoli	s. Md	!	1/24/56)		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)			1				(Sfete)		
Burial Regio 2	Baldwi	n Memo:	rial Cometery	Millersvil	La, Ma	ryla	nd			
24. REC'D BY REGISTRAR REGISTRAR'S	TENVIORE		25 FUNERAL DIRECTOR'S SH	GNATURE	- 1	ADDRESS				
DATE 2-25-50 11	1. Una	C	ACEPING FUNDAL	I USA A	IMAFC	LIS.	MD.			
		- 3						_		



correct age is especially, important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03619

3648 CERTI	FICATE	OF DEAT	H Reg. Di	ist. No. 2
1, PLACE OF DEATH	2	. USUAL RESIDEN	ICE (HOME) OF DECEAS	SED:
Anna Amundal		DC Mare	THING COUNTY ANNE	/AthhadaT
COUNTY Anne Arundel MARYI CITY (If outside corporate limits, write RURAL LENG			rporate limits, write RURAL	
OR and give nearest town) (in	n this place)	TOWN / KA	114111141114114	41 1120
HOSPITAL OR		STREET	(If rura) give location	(U/o
INSTITUTION OR // STREET ADDRESS Children's Center		ADDRESS	Washington	
3. NAME OF (First) (Middle)	(Lac	it)	4, DATE (Month)	(Day) (Year)
(Type or Print) James 1. Lee	Wil	liams	OF DEATH: April	23 1956
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED, WIDOWED, DIVORCE (Specify): Single			AGE last birthday IF UNDER Months 7 yrs. 5	
IOA USUAL OCCUPATION (Give kind of work done during most of working life, even if retired);	STRY:		ate or foreign country): 1;	COUNTRY?
13. FATHER'S NAME:	1	Washingte	DEN NAME:	U.S.A.
Charlie Williams		Edna Edna 7. INFORMANT &	Mae Glostex	
(Yes, no, or unk.) (If Yes, give war or dates of service)			Children's Cent	er
	L CERTIFICATION			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH			ONSET AND DEATH
MMEDIATE CAUSE (A)	Status Epil	ipticus		14 hrs.
ANTECEDENT CAUSE (S)	0 0			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO	Cerebral Sp	estic Parap	egia	
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.		<u>etardation</u>		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (HOOR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)	lome, farm, factory, eet, office bldg., etc.	21c. WHERE DIE	(City or town) (Co	unty) (State)
OF INJURY While	Not while at work	21F. HOW DID IN.	JURY OCCUR?	
22. I hereby certify that I attended the deceased	from . 4/22	, 1956., to 4/2	23/56, 19, that I la	st saw the deceased
alive on 4/23/ , 19 56, and that death SIGNATURE	7	OOAM, from the	D	ATE SIGNED
· mount 1 interest of	"E M.D.		Md 4/2	3/56
23. BURIAL, CREMATION, DATE THEREOF HAN	ME OF CEMETERY	OR CREMATORY	LOCATION (City, town,	or county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	E / /	24. FUNERAL DIF	RECTOR	ADDRESS
REGISTRAZ3-56 XIXLARA MLI	, luk	Bacons Funer	al Home, Washin	gton, D. C.

BUREAU V. S.

ager 7 YAI.

DE VI

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after denth. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this denth certificate assembly should be detached for use as a burial transit permit. executed within 24 hours after death.

VS A15C 1-55 10M-

PLACE OF DEATH

3584 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2. USUAL RESIDENCE (HOME) OF DECEASED

03620

Reg.	Dist.	No	2	1

1. 1.	me of a second
COUNTY (M outside carporate limits, with RURAL LENGTH OF STAY	CITY (i) outside corporate limits, write RURAL end give nearest lown)
OR and give regest town) TOWN (In applica) [in this place)	OR TOWN Almapolis - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS a. G. General Hosp.	STREET (Il rural give location) QUORESS Box 149 - arnold, md
3. NAME OF DECEASED (Middle) Wille (Middle) Wille	(Lost) 4. DATE (Month) (Doy) (Year) OF DEATH 4 27 1956
Male 6. COLOR OF 7. MINGLE MARRIED, 8. DATE OF MINDSYED, DIVORCED, 3-	7-1901 9. AGE lett birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
done down most of working life, even if the Sor INDUSTRY	11. BIRTHPLACE (State or loroign equality) Edgesield S. C. 7. CITIZEN OF WHAT COUNTRY? C. S. a.
andrew Williams	14. MORHER'S RAIDEN NAME RECO Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes, give wer or detes of service	17. INFORMANT & ADDRESS
237-19-87/	O Y Cow Mr. Williams - arnold: Mo
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
33/X IMMEDIATE CAUSE (A)	Jonoverge 2 days
ANTECEDENT CAUSE(S) DUE TO	rales are & brantain
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	section to feeting
STATING UNDERLYING CAUSE LAST. DUE TO	*
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Plc. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED 2 While work etwork etwork	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4-66	16 6 to 4 - L7 10 E that I last saw the deceased
SIGNATURE (200	ADDRESS (Street, city, town, state) DATE SIGNED
10 .). Lettery M.D. (1 Colleges
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, Jown, or squally) (State)
23. SURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, Jown, or county) (State) CREMATORY Belch stands, S. C. T. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

AL THE WALL OF THE SALE OF THE PARTY OF THE PARTY OF THE PARTY.

359 CERTIFICATE OF DEATH

BUREAU V. S.

2551 8 XVV

BECENA ED

Surial

ry, please ere-TO DEPUTY MEDITAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is net by pleas cute the certification writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. See 4 shot forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crem or ramoval.

VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3649 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03621

Reg. Dist. No.

1. PLACE	OF DEATH					2. USUAL RESIDEN		sed lived. If institu		e before ad	lmission)		
		Anne Arur		MARY	LAND	Maryland							
b. CIT	Y OR TOWN (It d give nearest town)	outside corporate limits, writ-	RURAL	c. LENGTH OF STAY	N Ib	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		a Park		Few hours			Balti	more		SYOV	- 4		
d. NA	ME OF HOSPITA	L OR INSTITUTION	And took	pites, give spriet pedages	1)	d. STREET ADDR	RESS			e. IS	RESIDENCE		
Ins	en sutor	obile park	ed 20	00 feet east	of	1524 1	Park Ave	nue			□ NO 🏻		
3. NAMI	E OF	Fir		Middle		Last	4. DATE	Mont	h	Doy	Year		
	or print)	Josep	h Wi	Iliam Zigs	LS		OF DEATH	April	26th.		1956		
S. SEX		6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lest birthday)	IF UNDER TY		IDER 24 HRS.		
1	1.	W.	WIDOWE	D DIVORCED]];	2/29/25		30 yrs.	Months Do	ys Hour	Min.		
10a. USU	AL OCCUPATIO	N (Give kind of work	one 10b.	KIND OF BUSINESS OR	NDUST	Y 11. BIRTHPLACE	(State or foreign	country)	12. CITIZE	N OF WHA	T COUNTRY?		
auring	Gaso	ine Static	n Att	endent.		Balt	timore.M	4	U.S	Δ			
13. FATH	ER'S NAME					14. MOTHER'S MAIL		~ •	1 0,0	¥ .			
Je	senh Wi	lliam Ziga				Myrtle Me	of a ffron						
15. WAS	DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	COMPTIEN	(Grandadde	thon				
Yes, no. or	unknown)	(If yes, give war or dates of	(anvice)		Vma	Fila Ko	310	1		D_14.	Imama M		
		H [Enter only one cou	na nas lina	for let the and let 1	Lil.3	PILIS VO	OHEZ, LIU	E. DUNK	ead Di	INTERVAL BET			
10.0		H WAS CAUSED BY			7		1	1		ONSET AND	DEATH		
0	1770 .	IMMEDIATE CAUSE (0)	COL	bone monoxi	de	poisoning	(suicide	9)		7			
7	13.1	DUE 10											
	iditions, if an e rise to immed												
	staling the u												
cou	se lost.) (c)											
NO	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE	TERMINALDISEAS	E CONDITION GI	VEN IN PART 1		S AUTOPSY FORMED?		
3										YES [
CERTIFICATION WIND WIND WIND WIND WIND WIND WIND WIN	EXTERNAL CAU	SE WAS	b. DESCRIB	E HOW INJURY OCCUR	RED. (Er	ter nature of injury	in Port I or Port II	of item 18.)					
	SE OF DEATH.		onnec	ted shose t	0 0	changt mir	ne of his	automob	170				
₹ 20c.	TIME OF INJUR	Y Month, Day, Yes	r 20d.	INJURY OCCURRED 20	le. PLAC	E OF INJURY (Home	, form, i 20f. (Cit	y or town)	Count	y)	(State)		
WEDICAL	Hour o.m.	4/25 15	6 While	ork at work	Same	ry, street, office blog as death	Seve	erna Park	- A A	Ма			
Department of the last	100	at I took charge		remains described				nspection X			I find that		
			-	Accident .				ndetermined		ZZZ, GIIC	a tring this		
dec	mi lesoiled	110111111111111111111111111111111111111	cooses [_, Accident,	3010	ide E., Hain	icide [i,o	nderer mined	raose [].				
ACT	UAL L	stare N.f.	1011	los Dust-		CHIEF HEDI	CAL EVANIAGE T	1		DATE	E SIGNED		
SIGI	NATURE LU	arase /21	uen	wear-no		"M.U.	CAL EXAMINER						
EXA	MINER'S	tave H.Fau	To manufa	w n			AEDICAL EXAMIN	- A	11.1				
							HCAL EXAMINER	hipf Ko	6/56				
220. BUR REM	OVAL (Specify)	N. 226. DATE THEREC	56	22c. NAME OF CEMETE		CREMATORY	22d. LOCA	TION (City town,	or constal	(5)	ole)		
23. FUNE	RAL DIRECTOR	S SIGNATURE -	tere	ADDRESS	lac	A 39	SECID BY REGIS	TRAR 246, REGI	STRAP'S SIGN	ATURE			
- (UA	10	JUIN.	1.11	wa			

BUREAU V. S.

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